



### Appendix D – Remote Work Agreement

<b>Employee's Name:</b> Lisa Bacanskas	<b>Job Title, Pay Plan, Series &amp; Grade:</b> Environmental Scientist, GS-13
<b>Office/Region and Division:</b> OAR/OAP/CCD/CSIB	<b>Address of Regular Office or Worksite:</b> 1201 Pennsylvania Ave NW, Wash DC
<b>Employee's Work Phone:</b> 202-343-9758, 202-251-3950 (cell)	<b>Employee's Work Email Address:</b> bacanskas.lisa@epa.gov
<b>Supervisor's Name:</b> Jeremy Martinich	<b>Supervisor's Work Phone &amp; Email Address:</b> 202-343-9871, martinich.jeremy@epa.gov
<b>Proposed Start Date:</b> ASAP	<b>Proposed End Date (for DETO):</b>
<b>Address of Remote Work Location (including city, state and zip code):</b> XX	
<b>Within same Local Commuting Area of Regular Office or Worksite:</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)	
<b>Request:</b> Select one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement [ ]	
<b>Employee Certification:</b> I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.	
<b>Approval/Disapproval (attach documentation):</b>  <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (cite reason(s) below)	
<b>Employee's Signature:</b>  LISA BACANSKAS Digitally signed by LISA BACANSKAS Date: 2022.05.02 12:03:07 -04'00'	
<b>Supervisor's Signature:</b>  Jeremy Martinich Digitally signed by Jeremy Martinich Date: 2022.05.09 09:28:26 -04'00'	

Approval Official or Designee's Signature:

Elizabeth Shaw

Digitally signed by Elizabeth Shaw  
Date: 2022.09.12 20:36:25 -04'00'

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

## PRIVACY ACT STATEMENT

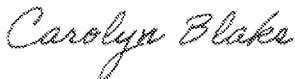
**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

**Appendix D - EPA-AFGE Remote Work Application/Agreement**

<b>Employee Name:</b> Carolyn K. Blake	<b>Job Title &amp; Grade:</b> Contracts Liaison Specialist, GS-13
<b>AAship/Region and Division:</b> EPA/OAR/OAQPS/CORE	<b>Address of Official Agency Worksite:</b> 109 T.W. Alexander Drive, RTP, NC 27711
<b>Employee's Work Phone:</b> 919-541-5256	<b>Employee's Work E-mail Address:</b> blake.carolyn@epa.gov
<b>First-line Supervisor:</b> Valerie Graves	<b>First-line Supervisor's Work Phone:</b> graves.valerie@epa.gov
<b>Proposed Start Date:</b> Upon Approval	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b>	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b> <b>Ex. 6 Personal Privacy (PP)</b>	<b>Alternate Phone Number (if available):</b>
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>  	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>01/28/2022</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

I work as a Contracts Liaison Specialist and have been conducting all duties for the last 2 years from my remote location at home. My day-to-day includes management of several contracts, review and creation of documents/comments for procurement actions, use of EPA systems, online forms that can be routed electronically, review of contract costs in CDW, TEP coordinator (includes writing the report), liaison between program, contracts, contractor, budget team, contracts files (formerly kept in large files) now electronically kept on a server limited to our Team. All documents are now stored there without the need for physical file storage. Meetings with staff for guidance/TEPs have been scheduled through Teams, and training taken through that mechanism. I have become efficient with my time and productivity as a remote worker, utilizing electronic means in all areas. I utilize two monitors and read and proof documents faster without the normal office distractions. The mission to successfully stay on task with the many duties I have while working remote has been accomplished and will continue.

**Approval/Disapproval (attach documentation):**

☒

Approved

☐

Disapproved (cite reason(s) below)

**Employee's Signature:**

CAROLYN BLAKE

Digitally signed by CAROLYN  
BLAKE  
Date: 2022.05.03 15:58:16 -04'00'

**Date:**

05/03/2022

**Supervisor's Signature:** VALERIE  
GRAVES

Digitally signed by VALERIE  
GRAVES  
Date: 2022.05.12 07:10:29 -04'00'

**Date:**

**AA/RA (or designee) Signature:**

Elizabeth Shaw

Digitally signed by Elizabeth  
Shaw  
Date: 2022.08.29 17:41:14  
-04'00'

**Date:**

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.



## Appendix D - EPA-AFGE Remote Work Application/Agreement

<b>Employee Name:</b> Madison Boettcher	<b>Job Title &amp; Grade:</b> Environmental Protection Specialist, GS-07
<b>AAship/Region and Division:</b> EPA/OAR/OTAQ/TATD/IO	<b>Address of Official Agency Worksite:</b> 2565 Plymouth Rd. Ann Arbor, MI 48105
<b>Employee's Work Phone:</b> (734) 214-2025	<b>Employee's Work E-mail Address:</b> boettcher.madison@epa.gov
<b>First-line Supervisor:</b> Catherine Yanca	<b>First-line Supervisor's Work Phone:</b> 734-214-4769
<b>Proposed Start Date:</b> TBD	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b>  	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b>	<b>Alternate Phone Number (if available):</b>
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement  Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>3/2/22</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

The work associated with my position in the IO is 100% portable. I have been teleworking for almost 2 years and have been able to successfully complete all of my work in a timely manner. My at-home workspace is curated to support my needs and is equipped with the necessary IT equipment to allow me to complete my work and collaborate with my team members effectively.

Approval/Disapproval (attach documentation):

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

Employee's Signature: MADISON BOETTCHER	Digitally signed by MADISON BOETTCHER Date: 2022.03.02 16:09:14 -05'00'	Date: 03/02/22
Supervisor's Signature: CATHERINE YANCA	Digitally signed by CATHERINE YANCA Date: 2022.03.10 10:41:30 -05'00'	Date: 03/10/22
AA/RA (or designee) Signature: Elizabeth Shaw	Digitally signed by Elizabeth Shaw Date: 2022.08.29 17:05:54 -04'00'	Date:
Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.		

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.



### Appendix D – Remote Work Agreement

<b>Employee's Name:</b> Leslie Brooks	<b>Job Title, Pay Plan, Series &amp; Grade:</b> Human Resources Specialist, GS-0201-13
<b>Office/Region and Division:</b> OAR/OTAO	<b>Address of Regular Office or Worksite:</b> 2000 Traverwood Drive, Ann Arbor, MI 48105
<b>Employee's Work Phone:</b> TBD	<b>Employee's Work Email Address:</b> TBD
<b>Supervisor's Name:</b> Pamela Christian	<b>Supervisor's Work Phone &amp; Email Address:</b> (734) 214-4698, christian.pamela@epa.gov
<b>Proposed Start Date:</b> EOD - TBD	<b>Proposed End Date (for DETO):</b>

**Address of Remote Work Location (including city, state and zip code):**  

Ex. 6 Personal Privacy (PP)

**Within same Local Commuting Area of Regular Office or Worksite:**  
☐ Yes ☒ No  
(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

Domestic Employee Teleworking Overseas Arrangement  
(DETO): ☐ Yes ☐ No

**Request:**  
Select one: ☒ New Request ☐ Request for Modification to Existing Agreement [ ]

**Employee Certification:** I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

**Approval/Disapproval (attach documentation):**  
☒ Approved ☐ Disapproved (cite reason(s) below)

**Employee's Signature:** BROOKS.LESLIE.1239  
686962  
Digitally signed by  
BROOKS.LESLIE.1239686962  
Date: 2022.06.09 13:08:17 -04'00'

**Supervisor's Signature:** PAMELA CHRISTIAN  
Digitally signed by PAMELA  
CHRISTIAN  
Date: 2022.06.09 13:45:52 -04'00'

Approval Official or Designee's Signature:

Elizabeth Shaw

Digitally signed by Elizabeth Shaw

Date: 2022.06.16 17:22:57 -04'00'

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

## PRIVACY ACT STATEMENT

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

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## Appendix D - EPA-AFGE Remote Work Application/Agreement

<b>Employee Name:</b> Karla R. Butters	<b>Job Title &amp; Grade:</b> GS-13 Mechanical Engineer
<b>AAship/Region and Division:</b> OAR-OTAQ-TATD-NCAT	<b>Address of Official Agency Worksite:</b> 2565 Plymouth Rd Ann Arbor, MI 48105
<b>Employee's Work Phone:</b> 734-214-4555	<b>Employee's Work E-mail Address:</b> butters.karla@epa.gov
<b>First-line Supervisor:</b> Daniel Barba	<b>First-line Supervisor's Work Phone:</b> 734-214-4515
<b>Proposed Start Date:</b> 02-01-22	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b>  	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b>	<b>Alternate Phone Number (if available):</b>
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement  Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>07-12-2016</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

My work involves developing test data packets for publishing on EPA websites to allow easy, clear access to our data from the public. I prepare these test data packets by coordinating data packet team meetings, preparing summaries of current status and future work and following up on team commitments as needed by email or verbal communication. I ensure the data packets are free from errors, properly documented, clearly understood, and consistent. The test data is organized on both the NCAT h:\drive folder and Teams sites to ensure consistency and intuitive, easy access for team members. I also assist as needed in editing reports and attending Teams meetings on a variety of technical matters.

**Approval/Disapproval (attach documentation):**

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

<b>Employee's Signature:</b> KARLA BUTTERS	Digitally signed by KARLA BUTTERS Date: 2022.01.31 13:54:21 -05'00'	<b>Date:</b> 01/31/22
<b>Supervisor's Signature:</b> DANIEL BARBA	Digitally signed by DANIEL BARBA Date: 2022.03.09 16:45:42 -05'00'	<b>Date:</b> 3/9/22
<b>AA/RA (or designee) Signature:</b> Elizabeth Shaw	Digitally signed by Elizabeth Shaw Date: 2022.07.27 16:46:57 -04'00'	<b>Date:</b> 7-27-22

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

## **PRIVACY ACT STATEMENT**

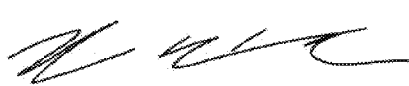
**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

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## Appendix D - EPA-AFGE Remote Work Application/Agreement

<b>Employee Name:</b> RAYMING CHANG		<b>Job Title &amp; Grade:</b> Management & Program Analyst, GS-13	
<b>AAship/Region and Division:</b> OAR/HQ TCD		<b>Address of Official Agency Worksite:</b> 1200 Pennsylvania, NW, MC 6406A, Washington, DC	
<b>Employee's Work Phone:</b> 202-564-1929		<b>Employee's Work E-mail Address:</b> chang@epa.gov	
<b>First-line Supervisor:</b> DENNIS JOHNSON		<b>First-line Supervisor's Work Phone:</b> 202-343-9278	
<b>Proposed Start Date:</b> April 25, 2022		<b>If Temporary, Proposed End Date:</b>	
<b>Ex. 6 Personal Privacy (PP)</b>		cluding city, state and zip code):	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]			
<b>Phone Number:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Ex. 6 Personal Privacy (PP)</div>		<b>Alternate Phone Number (if available):</b>	
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement  Check if for temporary period: <input type="checkbox"/> Temporary			
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.			
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.			
<b>Section 4. Employee Certification and Signature</b>  <div style="text-align: center; font-size: 1.5em;">  </div>			
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.			
<input checked="" type="checkbox"/> Remote Work Training taken on <u>March 1, 2022</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)			

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

# Ex. 6 Personal Privacy (PP)

Approval/Disapproval (attach documentation):

☒ Approved  
☐ Disapproved (cite reason(s) below)

Employee's Signature:	RAYMING CHANG <small>Digitally signed by RAYMING CHANG Date: 2022.04.08 10:05:01 -04'00'</small>	Date:	April 8, 2022
Supervisor's Signature:	DENNIS JOHNSON <small>Digitally signed by DENNIS JOHNSON Date: 2022.04.18 17:31:58 -04'00'</small>	Date:	
AA/RA (or designee) Signature:	Elizabeth Shaw <small>Digitally signed by Elizabeth Shaw Date: 2022.12.21 17:39:46 -05'00'</small>	Date:	

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

## PRIVACY ACT STATEMENT

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

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**Appendix D - EPA-AFGE Remote Work Application/Agreement**

<b>Employee Name:</b> Michael Karl Ciolek	<b>Job Title &amp; Grade:</b> Env. Protection Specialist, GS-0028-13
<b>AAship/Region and Division:</b> OAR/OAQPS/SPPD/MPG	<b>Address of Official Agency Worksite:</b> 109 T.W. Alexander Dr., Research Triangle Park, NC 27711 S
<b>Employee's Work Phone:</b> 919 541-4921	<b>Employee's Work E-mail Address:</b> ciolek.michael@epa.gov
<b>First-line Supervisor:</b> Patrick Lessard	<b>First-line Supervisor's Work Phone:</b> 919 541-5383
<b>Proposed Start Date:</b> As soon as possible	<b>If Temporary, Proposed End Date:</b>

**Address of Remote Work Location (Including city, state and zip code):**

Ex. 6 Personal Privacy (PP)

**Within same Locality Pay Area of Official Agency Worksite:**☒ Yes☐ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]**Phone Number:**

Ex. 6 Personal Privacy (PP)

**Alternate Phone Number (if available):****Request:**

Check one:



New Request



Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary**Section 2. Employee's Approved Schedule:** Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.**Section 3. Safety Certification**

**Safety Certification:** The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

**Section 4. Employee Certification and Signature**

**Employee Certification:** I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☒ Remote Work Training taken on 02/07/2022 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

Allowing me to work remotely full time will not have a negative impact on the Agency's ability to accomplish its mission and meet its operation goals. On the contrary, when I work from home, I am much happier, which translates into better productivity, which has a positive impact on the Agency's ability to accomplish its mission. Additionally, working remotely allows me to focus on my work without constant interruption from other people, which allows me to better support the Agency's mission.

All of my job functions can be performed adequately away from the office and do not require a lab or physical space on campus. As I have demonstrated over the last two years, I can effectively complete all of my assigned duties while working remotely; this was noted through my performance reviews over the last two years. My job does not require hard copies of documentation or other resources where I need to be on the EPA campus to do my job. My remote workspace has all the supplies I need to do my job: a desk, chair computer, scanner, printer, internet, and remote access to my work

**Approval/Disapproval (attach documentation):**

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

<b>Employee's Signature:</b> MICHAEL CIOLEK	Digitally signed by MICHAEL CIOLEK Date: 2022.02.14 16:05:32 -05'00'	<b>Date:</b> 02/14/2022
<b>Supervisor's Signature:</b> PATRICK LESSARD	Digitally signed by PATRICK LESSARD Date: 2022.03.16 12:58:13 -04'00'	<b>Date:</b> 3/16/2022
<b>AA/RA (or designee) Signature:</b> Elizabeth Shaw	Digitally signed by Elizabeth Shaw Date: 2022.12.21 17:35:57 -05'00'	<b>Date:</b>

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

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**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

## Michael Karl Ciolek Remote Work Text

Allowing me to work remotely full time will not have a negative impact on the Agency's ability to accomplish its mission and meet its operation goals. On the contrary, when I work from home, I am much happier, which translates into better productivity, which has a positive impact on the Agency's ability to accomplish its mission. Additionally, working remotely allows me to focus on my work without constant interruption from other people, which allows me to better support the Agency's mission.

All of my job functions can be performed adequately away from the office and do not require a lab or physical space on campus. As I have demonstrated over the last two years, I can effectively complete all of my assigned duties while working remotely; this was noted through my performance reviews over the last two years. My job does not require hard copies of documentation or other resources where I need to be on the EPA campus to do my job. My remote workspace has all the supplies I need to do my job: a desk, chair computer, scanner, printer, internet, and remote access to my work phone.

I believe that working remotely is beneficial to the Agency in ways other than just increased productivity. By working at home, I would be saving the Agency money through a reduction in workspace, physical supplies, and utility costs. I would also be reducing air pollution by no longer commuting to and from work each day; reducing air pollution is one facet of EPA's mission, and the one that I have worked on for my over thirty-year career.

If I worked remotely, it would have benefits for both me and the Agency. As such, I hope you will consider approving my request to continue remote working full time.

## Appendix D - EPA-AFGE Remote Work Application/Agreement

<b>Employee Name:</b> Deirdre Clarke	<b>Job Title &amp; Grade:</b> Program Analyst, GS-13
<b>AAship/Region and Division:</b> OAR-OTAG-ASD	<b>Address of Official Agency Worksite:</b> 1200 Pennsylvania Ave., Washington, D.C. 20004
<b>Employee's Work Phone:</b> 202-343-9296	<b>Employee's Work E-mail Address:</b> Clarke.Deirdre@epa.gov
<b>First-line Supervisor:</b> Marion Hoyer	<b>First-line Supervisor's Work Phone:</b> 734-214-4513
<b>Proposed Start Date:</b> May 30, 2022	<b>If Temporary, Proposed End Date:</b> N/A
<b>Address of Remote Work Location (Including city, state and zip code):</b> <div style="background-color: black; height: 1.2em; width: 100%;"></div>	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b> <div style="border: 1px dashed black; padding: 2px;">Ex. 6 Personal Privacy (PP)</div>	<b>Alternate Phone Number (if available):</b>
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement  Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>  <div style="text-align: center; font-family: cursive; font-size: 1.2em;">Deirdre Clarke</div>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>2.25.2022</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:  
Please see attached explanation. This dialogue box did not provide sufficient space to address the question. Thank you.

Approval/Disapproval (attach documentation):

☒ Approved  
☐ Disapproved (cite reason(s) below)

Employee's Signature: <i>Deirdre Clarke</i>	Date: 03/07/2022
Supervisor's Signature: MARION HOYER <small>Digitally signed by MARION HOYER Date: 2022.03.07 13:28:35 -05'00'</small>	Date:
AA/RA (or designee) Signature: Elizabeth Shaw <small>Digitally signed by Elizabeth Shaw Date: 2022.09.12 20:43:57 -04'00'</small>	Date:
<b>Distribution:</b> The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.	

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals.**

Moving to a RWL in Olympia, Washington will not have any impact on my ability to perform the duties of my current role. This is because I already conduct my official duties remotely. My supervisor, Marion Hoyer, and most of my colleagues in OTAQ's Health Effects, Benefits and Toxics Center are based in Ann Arbor, Michigan, while my Official Agency worksite is currently in the District of Columbia. Because I already work remotely with my team, there will be no operational impact if the Agency approves this request, beyond savings for the Agency in terms of locality pay.

Every day, I collaborate virtually with my Center colleagues to accomplish the Agency's mission using my EPA-issued laptop. My work is portable, my work assignments are independent and do not require in-person collaboration or review. My position does not require in-person interface with management officials or other colleagues on any routine basis. Approving my RWL would not create a disruption to communication with public, state and local entities, or other stakeholders. Nor would it require reassignment of current work or tasks to other staff. Should my EPA-issued laptop require service or repair, the RWL will be within 5 miles of an Official EPA Facility, the Washington Operations Office of R10 in Lacey, WA.

I have a demonstrated track record of meeting performance plan objectives and working without close in-person supervision. I am confident that I can perform my current and future duties as effectively from the RWL in Olympia, WA as from my current Official Agency worksite in Washington, D.C.

In addition, the Agency will save money on my salary after a cost-of-living pay adjustment for the Seattle-Tacoma, WA GS Locality, which is 28.28% more than the GS Base Pay Table, compared to the WA-Baltimore-Arlington GS Locality Area, which is 31.53% more than the GS Base Pay Table. The difference is an annual savings for the Agency of 3.25% of my salary. The real savings to the Agency in my lower cost-of-living pay adjustment would offset the theoretical costs of any anticipated recall to the Official Agency worksite in Washington D.C.



### Appendix D – Remote Work Agreement

<b>Employee's Name:</b> Beth Conlin	<b>Job Title, Pay Plan, Series &amp; Grade:</b> Policy Analyst, GS-13
<b>Office/Region and Division:</b> HQ OAR-OAP-CPPD	<b>Address of Regular Office or Worksite:</b> WJC South 5226F
<b>Employee's Work Phone:</b> 202-343-9172	<b>Employee's Work Email Address:</b> conlin.beth@epa.gov
<b>Supervisor's Name:</b> Jacob Moss	<b>Supervisor's Work Phone &amp; Email Address:</b> 202-343-9906, moss.jacob@epa.gov
<b>Proposed Start Date:</b> 6/1/2022	<b>Proposed End Date (for DETO):</b>
<b>Address of Remote Work Location (including city, state and zip code):</b>	
<b>Within same Local Commuting Area of Regular Office or Worksite:</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)	
<b>Request:</b> Select one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement [    ]	
<b>Employee Certification:</b> I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.	
<b>Approval/Disapproval (attach documentation):</b>  <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (cite reason(s) below)	
<b>Employee's Signature:</b>  Conlin, Beth Digitally signed by Conlin, Beth Date: 2022.05.23 10:51:02 -04'00'	
<b>Supervisor's Signature:</b>  Jacob Moss Digitally signed by Jacob Moss Date: 2022.05.23 10:55:30 -04'00'	

Approval Official or Designee's Signature:

Elizabeth Shaw

Digitally signed by Elizabeth Shaw

Date: 2022.09.15 14:16:26 -04'00'

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

## PRIVACY ACT STATEMENT

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.



**Appendix D - EPA-AFGE Remote Work Application/Agreement**

<b>Employee Name:</b> Shelley Costa	<b>Job Title &amp; Grade:</b> Program Analyst GS-14
<b>AAship/Region and Division:</b> OAR/ORI/PMO	<b>Address of Official Agency Worksite:</b> 1301 Constitution Ave NW Washington, DC 20460
<b>Employee's Work Phone:</b> 202-343-9889	<b>Employee's Work E-mail Address:</b> costa.shelley@epa.gov
<b>First-line Supervisor:</b> Pamela Bullard	<b>First-line Supervisor's Work Phone:</b> 202-343-9011
<b>Proposed Start Date:</b> TBD	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b>	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b> Ex. 6 Personal Privacy (PP)	<b>Alternate Phone Number (if available):</b> 202-536-9847
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input type="checkbox"/> Remote Work Training taken on <u>1/25/2022</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

See attached.

**Approval/Disapproval (attach documentation):**

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

<b>Employee's Signature:</b> SHELLEY COSTA	Digitally signed by SHELLEY COSTA Date: 2022.02.03 13:30:58 -05'00'	<b>Date:</b>
<b>Supervisor's Signature:</b> Pamela Bullard	Digitally signed by Pamela Bullard Date: 2022.03.09 15:00:40 -05'00'	<b>Date:</b>
<b>AA/RA (or designee) Signature:</b> Elizabeth Shaw	Digitally signed by Elizabeth Shaw Date: 2022.09.15 14:19:49 -04'00'	<b>Date:</b>

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

I have been working remotely successfully for the last two years with a performance rating of

Ex. 6 Personal Privacy (PP)

All of my work is portable, and I utilize the G drive, One Drive, Sharepoint and Teams for developing deliverables and collaborating with team members and customers. While working remotely for the past two years, my deadlines have been met with quality deliverables and my communication with customers has been effective and efficient. I have been able to collaborate and produce several high-level Agency quality work products including annual operating plans, FMFIA, the National Program Guidance, Strategic Plans, preparation of OMB, President's and Enacted Budget supporting documentation and Monthly Business Review materials. All meetings and team building activities have been done through Teams or via conference calls. I am more accessible due to the flexibility of being able to work from home. Working from home also provides a distraction free work environment enabling me to be more productive during the workday. I have high speed Internet with stable connection, a printer and all other amenities needed for an operational office space. The ability to continue to work remotely will save the Agency money by freeing up office space and decreasing my carbon footprint. It also helps promote work/life balance alleviating the stress of commuting on mass transportation.

Proposed Remote Work Schedule

Week 1- M-Th 7-4:30 F 7-3:30

Week 2-M-Th 7-4:30



### Appendix A – EPA Remote Work Agreement

<b>Employee's Name:</b> Vicente P. Cusumano	<b>Job Title, Pay Plan, Series &amp; Grade:</b> Lead IT Spec GS 2210-15
<b>Office/Region and Division:</b> OAR/OPMO	<b>Address of Regular Office or Worksite:</b> 1301 Pennsylvania Ave., NW, Washington, D.C. 21467
<b>Employee's Work Phone:</b>	<b>Employee's Work Email Address:</b> cusumano.vicente@epa.gov
<b>Supervisor's Name:</b> Eleanor Marusiak	<b>Supervisor's Work Phone &amp; Email Address:</b> marusiak.eleanor@epa.gov
<b>Proposed Start Date:</b> 3/28/2022	<b>Proposed End Date (for DETO):</b>
<b>Address of Remote Work Location (including city, state and zip code):</b>	
<b>Within same Locality Commuting Area of Regular Office or Worksite:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No (Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)	
<b>Domestic Employee Teleworking Overseas Arrangement (DETO):</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>Request:</b> Select one: <input checked="" type="radio"/> New Request <input type="radio"/> Request for Modification to Existing Agreement	
<b>Employee Certification:</b> I certify by signing below I have read and understand the EPA Remote Work Policy and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. I have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.	
<b>Approval/Disapproval (attach documentation):</b> <input checked="" type="radio"/> Approved <input type="radio"/> Disapproved (cite reason(s) below)	
<b>Employee's Signature:</b> VICENTE CUSUMANO	Digitally signed by VICENTE CUSUMANO Date: 2022.03.02 16:32:06 -05'00'
<b>Supervisor's Signature:</b> ELEANOR MARUSIAK	Digitally signed by ELEANOR MARUSIAK Date: 2022.03.03 10:21:59 -05'00'
<b>AA/RA (or designee) Signature:</b> Elizabeth Shaw	Digitally signed by Elizabeth Shaw Date: 2022.04.28 10:36:33 -04'00'
<b>Distribution:</b> The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

## Appendix D - EPA-AFGE Remote Work Application/Agreement

<b>Employee Name:</b> Christine Davis	<b>Job Title &amp; Grade:</b> EPS GS-13
<b>AAship/Region and Division:</b> OAR/OAQPS/HEID	<b>Address of Official Agency Worksite:</b> 109 TW Alexander Dr., RTP, NC
<b>Employee's Work Phone:</b> REMOVED FOR PII	<b>Employee's Work E-mail Address:</b> REMOVED FOR PII
<b>First-line Supervisor:</b> Robert Wayland	<b>First-line Supervisor's Work Phone:</b> 919-541-1045
<b>Proposed Start Date:</b> 05/08/2022	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b> REMOVED FOR PII	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b> REMOVED FOR PII	<b>Alternate Phone Number (if available):</b>
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement  Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>12/06/2021</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

I can perform all my duties effectively from my RWL since all of my work (including health benefits assessments and benefits chapters for SPPD rules, ecological and ecosystem services assessments and benefit per ton BenMAP runs, analyzing data, documenting results, developing briefings, coordinating with geographically diverse teams, and attending meetings) is portable. My work does not require access to in-office resources or regular in-person interaction with managers and colleagues. There is no disruption to my work with internal and external stakeholders at my RWL. I have the technology needed to perform my duties at my RWL.

Approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals. I can perform all my duties equally effectively at my RWL as I could in the office. Approving this request would not require reassignment of any work or tasks to other staff, and there will be no disruption to accomplishing my tasks and objectives. I have demonstrated that I am able to meet all goals and deadlines, and work without in-person supervision, over the past two years.

**Approval/Disapproval (attach documentation):**

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

<b>Employee's Signature:</b> CHRISTINE DAVIS	Digitally signed by CHRISTINE DAVIS Date: 2022.04.12 09:43:15 -04'00'	<b>Date:</b>
<b>Supervisor's Signature:</b> Wayland, Robertj	Digitally signed by Wayland, Robertj Date: 2022.05.03 16:31:20 -04'00'	<b>Date:</b>
<b>AA/RA (or designee) Signature:</b> Elizabeth Shaw	Digitally signed by Elizabeth Shaw Date: 2022.10.20 10:51:36 -04'00'	<b>Date:</b>

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.



### Appendix A – EPA Remote Work Agreement

<b>Employee's Name:</b> Mark de Figueiredo	<b>Job Title, Pay Plan, Series &amp; Grade:</b> Lead Environmental Protection Specialist, GS-0028-15
<b>Office/Region and Division:</b> OAR/OAP/CCD	<b>Address of Regular Office or Worksite:</b> 1200 Pennsylvania Avenue, NW, Washington DC 20460
<b>Employee's Work Phone:</b> 202-343-9928	<b>Employee's Work Email Address:</b> defigueiredo.mark@epa.gov
<b>Supervisor's Name:</b> Julius Banks	<b>Supervisor's Work Phone &amp; Email Address:</b> 202-564-0957, banks.juilus@epa.gov
<b>Proposed Start Date:</b> July 3, 2022	<b>Proposed End Date (for DETO):</b>
<b>Address of Remote Work Location (including city, state and zip code):</b>	
<b>Within same Locality Commuting Area of Regular Office or Worksite:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No (Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)	
<b>Domestic Employee Teleworking Overseas Arrangement (DETO):</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>Request:</b> Select one: <input checked="" type="radio"/> New Request <input type="radio"/> Request for Modification to Existing Agreement	
<b>Employee Certification:</b> I certify by signing below I have read and understand the EPA Remote Work Policy and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. I have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.	
<b>Approval/Disapproval (attach documentation):</b> <input checked="" type="radio"/> Approved <input type="radio"/> Disapproved (cite reason(s) below)	
<b>Employee's Signature:</b> MARK DE FIGUEIREDO	Digitally signed by MARK DE FIGUEIREDO Date: 2022.01.18 10:56:08 -05'00'
<b>Supervisor's Signature:</b> JULIUS BANKS	Digitally signed by JULIUS BANKS Date: 2022.04.01 09:00:38 -04'00'
<b>AA/RA (or designee) Signature:</b> Elizabeth Shaw	Digitally signed by Elizabeth Shaw Date: 2022.06.16 16:31:11 -04'00'
<b>Distribution:</b> The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

## Appendix D - EPA-AFGE Remote Work Application/Agreement

<b>Employee Name:</b> Darin Del Vecchio	<b>Job Title &amp; Grade:</b> Environmental Engineer, GS-13-10
<b>AAship/Region and Division:</b> OAR-OAQPS-AQAD-EIAG	<b>Address of Official Agency Worksite:</b> RTP Main Campus, Bldg C345I-2
<b>Employee's Work Phone:</b> 919-541-2469	<b>Employee's Work E-mail Address:</b> delvecchio.darin@epa.gov
<b>First-line Supervisor:</b> Marc Houyoux	<b>First-line Supervisor's Work Phone:</b> 919-541-3649
<b>Proposed Start Date:</b> April 24, 2022	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b>  	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b> <div style="border: 1px dashed black; padding: 2px; font-size: small;">Ex. 6 Personal Privacy (PP)</div>	<b>Alternate Phone Number (if available):</b>
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement  Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>06/06/2022</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	



**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

In my role as a Environment Engineer (really my role is more as a Senior Software Engineer/Architect), I can perform my duties as effectively from the RWL as from the Official Agency worksite. My home work office is equipped with dual monitors (in addition to laptop screen) and very reliable internet service from Spectrum Cable. I have proven over the past two years that my productivity working from home actually exceeds that from my Official Agency worksite.

**Approval/Disapproval (attach documentation):**

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

<b>Employee's Signature:</b> DARIN DELVECCHIO	Digitally signed by DARIN DELVECCHIO Date: 2022.03.24 00:35:26 -04'00'	<b>Date:</b> 03/24/2022
<b>Supervisor's Signature:</b> Marc Houyoux	Digitally signed by Marc Houyoux Date: 2022.06.07 09:58:06 -04'00'	<b>Date:</b> 06/07/2022
<b>AA/RA (or designee) Signature:</b> Elizabeth Shaw	Digitally signed by Elizabeth Shaw Date: 2022.10.20 08:53:37 -04'00'	<b>Date:</b>
<b>Distribution:</b> The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.		

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

## Appendix D - EPA-AFGE Remote Work Application/Agreement




<b>Employee Name:</b> Larry Dollison	<b>Job Title &amp; Grade:</b> GS 14-10
<b>AAship/Region and Division:</b> OAR	<b>Address of Official Agency Worksite:</b> 1200 Pennsylvania Ave. NW Washington DC, 20460
<b>Employee's Work Phone:</b> 202-564-1325	<b>Employee's Work E-mail Address:</b> dollison.larry@epa.gov
<b>First-line Supervisor:</b> Courtney Hyde	<b>First-line Supervisor's Work Phone:</b> 202-564-1227
<b>Proposed Start Date:</b> 04/01/2022	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b>  	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b>	<b>Alternate Phone Number (if available):</b>
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement  Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>03/10/2022</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

All of the work I perform is portable and consists of reviewing Security and Privacy documentation for approval, LAN/WAN infrastructure changes, Software requests, elevated privileges and Admin privilege requests and ordering through Ebusiness. Other areas of responsibility include end-user assistance working with EISD for problem resolution or computer refresh. CDM reporting working with Program ISSO's to address vulnerabilities. Meetings with ISSO's, Program Offices and other Agency Offices to meet Agency requirements.

**Approval/Disapproval (attach documentation):**

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

<b>Employee's Signature:</b>  Larry Dollison	<small>Digitally signed by Larry Dollison Date: 2022.03.23 06:35:55 -04'00'</small>	<b>Date:</b> 03/23/2022
<b>Supervisor's Signature:</b>  ELEANOR MARUSIAK	<small>Digitally signed by ELEANOR MARUSIAK Date: 2022.03.30 21:41:21 -04'00'</small>	<b>Date:</b>
<b>AA/RA (or designee) Signature:</b>  Elizabeth Shaw	<small>Digitally signed by Elizabeth Shaw Date: 2022.06.29 08:25:09 -04'00'</small>	<b>Date:</b>
<b>Distribution:</b> The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.		

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

## Appendix D - EPA-AFGE Remote Work Application/Agreement

<b>Employee Name:</b> Ned Dowdell	<b>Job Title &amp; Grade:</b> Program Analyst GS-11
<b>AAship/Region and Division:</b> OAR OPMO	<b>Address of Official Agency Worksite:</b> 1200 Pennsylvania Avenue, NW Washington, DC 20460
<b>Employee's Work Phone:</b> 202-564-5578	<b>Employee's Work E-mail Address:</b> dowdell.ned@epa.gov
<b>First-line Supervisor:</b> Eleanor Marusiak	<b>First-line Supervisor's Work Phone:</b> 202-564-3446
<b>Proposed Start Date:</b> April 24, 2022	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b>  	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b> <div style="border: 1px dashed black; padding: 2px; font-size: small;">Ex. 6 Personal Privacy (PP)</div>	<b>Alternate Phone Number (if available):</b>
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement  Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>3/21/22</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

Over the past two years I will be able to continue to effectively perform all of my duties while operating from my Remote Work Location where I have a dedicated work station including a desk, mouse, keyboard, second monitor, printer, and all necessary tools to assist in the successful completion of my work along with my government issued laptop. Prior to Covid-19 I was already familiar with leveraging technology to complete work assignments from distance, particularly through monthly national calls that could not take place in person, which made it a seamless transition to remote work two years ago. I meet remotely with my team lead bi-weekly for check-ins, and the entire team on the other week, and I am in regular communication throughout each work day with my team lead and co-workers via email, calls, and Microsoft Teams chat which allows us to work effectively and efficiently towards EPA's mission and operational goals.

**Approval/Disapproval (attach documentation):**

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

<b>Employee's Signature:</b> Dowdell, Edward	Digitally signed by Dowdell, Edward Date: 2022.04.01 14:57:32 -04'00'	<b>Date:</b> 4-1-22
<b>Supervisor's Signature:</b> ELEANOR MARUSIAK	Digitally signed by ELEANOR MARUSIAK Date: 2022.04.11 19:46:05 -04'00'	<b>Date:</b>
<b>AA/RA (or designee) Signature:</b> Elizabeth Shaw	Digitally signed by Elizabeth Shaw Date: 2022.09.12 20:39:20 -04'00'	<b>Date:</b>

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

**Appendix D - EPA-AFGE Remote Work Application/Agreement**

<b>Employee Name:</b> Joshua Drukenbrod	<b>Job Title &amp; Grade:</b> IT Specialist (Policy and Planning) / GS-13
<b>AAship/Region and Division:</b> OAQPS / OID	<b>Address of Official Agency Worksite:</b> 107 TW Alexander Drive, Durham NC
<b>Employee's Work Phone:</b> 919-541-0928	<b>Employee's Work E-mail Address:</b> drukenbrod.josh@epa.gov
<b>First-line Supervisor:</b> Phil Dickerson	<b>First-line Supervisor's Work Phone:</b> 919-541-4814
<b>Proposed Start Date:</b> 3/27/2022	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b> (removed by supervisor)	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b> Ex. 6 Personal Privacy (PP)	<b>Alternate Phone Number (if available):</b> 919-802-5582
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>3/2/2022</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

I serve on a team that heavily relies on technology to provide assistance to OAQPS staff with web pages and the content provided to the public. We regularly use these technologies to communicate with each other while sharing electronic files to collaborate together. The nature of this type of work enables it to be performed entirely from a remote location and is more efficient than having the team meet at a physical location. Approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals due to the improvement of electronic communications during the pandemic. These improvements have enabled our team to continue to provide excellent customer support and even improve on the process.

**Approval/Disapproval (attach documentation):**

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

<b>Employee's Signature:</b> JOSHUA DRUKENBROD	Digitally signed by JOSHUA DRUKENBROD Date: 2022.03.15 08:22:46 -04'00'	<b>Date:</b> 3/15/2022
<b>Supervisor's Signature:</b> PHILLIP DICKERSON	Digitally signed by PHILLIP DICKERSON Date: 2022.03.22 15:08:39 -04'00'	<b>Date:</b>
<b>AA/RA (or designee) Signature:</b> Elizabeth Shaw	Digitally signed by Elizabeth Shaw Date: 2023.01.23 08:56:30 -05'00'	<b>Date:</b>
<b>Distribution:</b> The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.		

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

## Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Kimberly Durkin	Job Title & Grade: Public Affairs Specialist GS-14
AAship/Region and Division: OAR/ORIA/IED	Address of Official Agency Worksite: 1200 PA Avenue, NW
Employee's Work Phone: 202-343-9443	Employee's Work E-mail Address: durkin.kim@epa.gov
First-line Supervisor: Susie Shimek	First-line Supervisor's Work Phone: 202-343-9054
Proposed Start Date: March 1, 2021	If Temporary, Proposed End Date: no proposed end date at this time

Address of Remote Work Location (Including city, state and zip code):

[REDACTED ADDRESS]

Within same Locality Pay Area of Official Agency Worksite:

☒ Yes

☐ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]

Phone Number:

Alternate Phone Number (if available):

Ex. 6 Personal Privacy (PP)

410-286-8067

Request:

Check one: ☒ New Request

☐ Request for Modification to Existing Agreement

Check if for temporary period: ☐ Temporary

**Section 2. Employee's Approved Schedule:** Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.

### Section 3. Safety Certification

**Safety Certification:** The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.

### Section 4. Employee Certification and Signature

*Kimberly M Durkin*

**Employee Certification:** I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.

☒ Remote Work Training taken on 2/3/22 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)



Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

I have worked with the agency for 24 years as a Public Affairs Specialist. Through the years, I have completed many high profile projects, managed million dollar contracts, served on agency Technical Evaluation Panels, and effectively participated on multiple teams. In addition, I have worked with OAR Communications and Public Affairs to design events to feature the Administrator and other senior management. This work includes writing talking points, press releases and working with Advanced Teams to secure event details. All of this work is portable and I have worked independently to accomplish many of these tasks. Moving forward, my work portfolio is portable and can be done remotely. I will be participating on the Earth Contract Technical Evaluation Panel which is highly confidential and will be accomplished remotely. I have the proper office equipment and the training to use technology to complete my job remotely. All of my work helps to achieve the Agency mission.

Approval/Disapproval (attach documentation):

☒

Approved

☐

Disapproved (cite reason(s) below)

Employee's Signature:

KIMBERLY DURKIN

Digitally signed by KIMBERLY  
DURKIN  
Date: 2022.02.17 12:47:27 -05'00'

Date:

Supervisor's Signature:

*Samela Bullard for AS*

Date:

AA/RA (or designee) Signature:

Elizabeth  
Shaw

Digitally signed by  
Elizabeth Shaw  
Date: 2022.12.21  
17:42:21 -05'00'

Date:

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

## PRIVACY ACT STATEMENT

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.



### Appendix D – Remote Work Agreement

<b>Employee's Name:</b> Philip Egidi	<b>Job Title, Pay Plan, Series &amp; Grade:</b> Physical Scientist, 1301, GS-15
<b>Office/Region and Division:</b> OAE/ORIA/CWMR	<b>Address of Regular Office or Worksite:</b> WJC-North, 6250W, Washington DC 20004
<b>Employee's Work Phone:</b> 202-222-5612	<b>Employee's Work Email Address:</b> egidi.philip@epa.gov
<b>Supervisor's Name:</b> Tom Peake	<b>Supervisor's Work Phone &amp; Email Address:</b> 202-343-9765
<b>Proposed Start Date:</b> upon approval	<b>Proposed End Date (for DETO):</b> N/A --not doing DETO
<b>Address of Remote Work Location (including city, state and zip code):</b> <div>Ex. 6 Personal Privacy (PP)</div>	
<b>Within same Local Commuting Area of Regular Office or Worksite:</b> <div><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</div> <div>(Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)</div> <div>Domestic Employee Teleworking Overseas Arrangement (DETO): <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</div>	
<b>Request:</b> Select one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement [   ]	
<b>Employee Certification:</b> I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.	
<b>Approval/Disapproval (attach documentation):</b> <div><input checked="" type="checkbox"/> Approved    <input type="checkbox"/> Disapproved (cite reason(s) below)</div>	
<b>Employee's Signature:</b> PHILIP EGIDI Digitally signed by PHILIP EGIDI Date: 2022.08.01 09:55:12 -06'00'	
<b>Supervisor's Signature:</b> Tom Peake Digitally signed by Tom Peake Date: 2022.08.25 14:09:25 -04'00'	

Approval Official or Designee's Signature:

Elizabeth Shaw

Digitally signed by Elizabeth Shaw

Date: 2022.12.21 17:34:49 -05'00'

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

## PRIVACY ACT STATEMENT

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.



### Appendix D – Remote Work Agreement

<b>Employee's Name:</b> Kymberley Ferguson	<b>Job Title, Pay Plan, Series &amp; Grade:</b> Contract Officer GS1102-09
<b>Office/Region and Division:</b> OAR-OTAQ-OD	<b>Address of Regular Office or Worksite:</b> 1200 Pennsylvania Avenue Washington DC 20460
<b>Employee's Work Phone:</b> TBD on EOD	<b>Employee's Work Email Address:</b> TBD on EOD
<b>Supervisor's Name:</b> Erica Watkins	<b>Supervisor's Work Phone &amp; Email Address:</b> 734-214-4415 watkins.eric@epa.gov
<b>Proposed Start Date:</b> TBD once offer is extended to applicant	<b>Proposed End Date (for DETO):</b>
<b>Address of Remote Work Location (including city, state and zip code):</b>	
<b>Within same Local Commuting Area of Regular Office or Worksite:</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)	
<b>Request:</b> Select one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement [ ]	
<b>Employee Certification:</b> I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.	
<b>Approval/Disapproval (attach documentation):</b>  <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (cite reason(s) below)	
<b>Employee's Signature:</b> FERGUSON.KYMBERLEY.C.1244909040 Digitally signed by FERGUSON.KYMBERLEY.C.1244909040 Date: 2022.06.10 09:39:01 -04'00'	
<b>Supervisor's Signature:</b> ERICA WATKINS Digitally signed by ERICA WATKINS Date: 2022.06.10 10:37:19 -04'00'	

**Approval Official or Designee's Signature:**

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.



### Appendix A – EPA Remote Work Agreement

<b>Employee's Name:</b> Steven Fine	<b>Job Title, Pay Plan, Series &amp; Grade:</b> Senior Advisor, SL
<b>Office/Region and Division:</b> OAR	<b>Address of Regular Office or Worksite:</b> 2565 Plymouth Rd., Ann Arbor, MI 48105
<b>Employee's Work Phone:</b> 734-214-4561	<b>Employee's Work Email Address:</b> fine.steven@epa.gov
<b>Supervisor's Name:</b> Joseph Goffman	<b>Supervisor's Work Phone &amp; Email Address:</b> goffman.joseph@epa.gov
<b>Proposed Start Date:</b> 1/30/2022	<b>Proposed End Date (for DETO):</b>

**Address of Remote Work Location (including city, state and zip code)**  

Ex. 6 Personal Privacy (PP)

**Within same Locality Commuting Area of Regular Office or Worksite:**  
☐ Yes ☒ No

**Domestic Employee Teleworking Overseas Arrangement (DETO):** ☐ Yes ☐ No

(Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy.)

**Request:**  
Select one: ☒ New Request ☐ Request for Modification to Existing Agreement

**Employee Certification:** I certify by signing below I have read and understand the EPA Remote Work Policy and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. I have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

**Approval/Disapproval (attach documentation):**  
☒ Approved  
☐ Disapproved (cite reason(s) below)

**Employee's Signature:** STEVEN FINE Digitally signed by STEVEN FINE  
Date: 2021.12.14 11:46:10 -05'00'

**Supervisor's Signature:** JOSEPH GOFFMAN Digitally signed by JOSEPH GOFFMAN  
Date: 2022.02.27 16:34:31 -05'00'

**AA/RA (or designee) Signature:** Elizabeth Shaw Digitally signed by Elizabeth Shaw  
Date: 2022.03.08 11:20:39 -05'00'

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

## Appendix D - EPA-AFGE Remote Work Application/Agreement

<b>Employee Name:</b> Benjamin Fortney	<b>Job Title &amp; Grade:</b> Program Analyst 0343 GS 13-04
<b>AAship/Region and Division:</b> OAR-OAP-PMO	<b>Address of Official Agency Worksite:</b> 1200 Pennsylvania Avenue NW, Washington, DC 20004
<b>Employee's Work Phone:</b> (202) 564-1654	<b>Employee's Work E-mail Address:</b> fortney.benjamin@epa.gov
<b>First-line Supervisor:</b> Adina Alpert	<b>First-line Supervisor's Work Phone:</b> (202) 564-3108
<b>Proposed Start Date:</b> 05/01/2022	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b>  	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b> <div style="border: 1px dashed black; padding: 2px; font-size: small;">Ex. 6 Personal Privacy (PP)</div>	<b>Alternate Phone Number (if available):</b>
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement  Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>01/19/2022</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

See attached: Memo\_Remote Work (Benjamin Fortney).docx

**Approval/Disapproval (attach documentation):**

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

<b>Employee's Signature:</b> BENJAMIN FORTNEY	Digitally signed by BENJAMIN FORTNEY Date: 2022.03.24 15:00:40 -04'00'	<b>Date:</b>
<b>Supervisor's Signature:</b> ADINA ALPERT	Digitally signed by ADINA ALPERT Date: 2022.03.24 17:12:25 -04'00'	<b>Date:</b>
<b>AA/RA (or designee) Signature:</b> Elizabeth Shaw	Digitally signed by Elizabeth Shaw Date: 2022.05.25 16:29:06 -04'00'	<b>Date:</b>
<b>Distribution:</b> The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.		

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.



### **Job Functions**

Ben's job involves pulling, analyzing, and entering data into our financial and management systems, meeting one on one to provide guidance on how to perform tasks in those systems, and distributing and consolidating data calls. Ben helps with OAP's IT spending portfolio, which includes reviewing all IT spending actions for the appropriate IT code, developing processes and guidance to ensure IT codes are properly utilized by OAP staff, working closely with system owners to manage their CPIC reporting responsibilities, and developing IT budgets as part of the Agency's budget formulation process. Ben manages OAP's responses to IT data calls and IT policy directives, including instructions for developing IT products by others, relevant reference/guidance documents, and responses to internal and external IT-related data calls including those from the OAR-IO, OCFO, and OMS. He also consults with OAP and OAR staff on FISMA and CPIC information and interacts with staff and contractors across OMS in those areas.

Ben leads activities that intersect between IT and acquisition in OAP, including working capital fund and providing guidance to staff on the appropriate IT requirements of extramural mechanisms (contracts, grants, interagency agreements, etc.), including FITARA. Ben utilizes his unique background from working in OCFO's Office of Budget on developing the Agency's FITARA and IT coding process, combined with his background in financial management to bring a strong budget/finance lens to IT acquisition, which has been invaluable to OAP divisions as they develop new IT procurements.

Ben also works as OAP's grants and IA coordinator, reviewing every grant and IA action that moves through our office, providing guidance on developing grant and IA related documents, supporting grants and IA staff through all phases of the acquisitions, organizing grant and IA related data calls, and troubleshooting technical and administrative issues directly with Project Officers. Providing guidance as the grants/IA coordinator is often conducted one-on-one, as he troubleshoots systems challenges or reviews data and information associated with grant/IA paperwork. Oftentimes, the coordinator must support project officers or financial staff by sharing Teams screens or taking control of someone else's computer to finalize an action.

The duties described above are fully portable.

The trips reported in Field 9 represent a good-faith estimate of the number of times per year that management would invite the employee's optional in-person attendance at certain meetings. The purpose of the trips would be participation in divisional retreats or other activities to build and strengthen unit cohesion. Virtual attendance would be an option for all participants and the employee's travel to the office would be subject to available funds. These potential trips are not for the purpose of performing non-portable work.



### Appendix D – Remote Work Agreement

<b>Employee's Name:</b> Lauren E. Gentile	<b>Job Title, Pay Plan, Series &amp; Grade:</b> Geographer, GS, 0150, 13
<b>Office/Region and Division:</b> OAR/OAP/CCD	<b>Address of Regular Office or Worksite:</b> 1200 Pennsylvania Ave, NW, Washington, D.C. 20460
<b>Employee's Work Phone:</b> (202) 564-6412	<b>Employee's Work Email Address:</b> gentile.lauren@epa.gov
<b>Supervisor's Name:</b> Jeremy Martinich	<b>Supervisor's Work Phone &amp; Email Address:</b> (202) 343-9871
<b>Proposed Start Date:</b> As soon as possible	<b>Proposed End Date (for DETO):</b>
<b>Address of Remote Work Location (including city, state and zip code):</b> XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
<b>Within same Local Commuting Area of Regular Office or Worksite:</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)	
<b>Request:</b> Select one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement [ ]	
<b>Employee Certification:</b> I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.	
<b>Approval/Disapproval (attach documentation):</b>  <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (cite reason(s) below)	
<b>Employee's Signature:</b>  LAUREN GENTILE Digitally signed by LAUREN GENTILE Date: 2022.05.12 17:32:20 -04'00'	
<b>Supervisor's Signature:</b>  Jeremy Martinich Digitally signed by Jeremy Martinich Date: 2022.05.19 11:35:24 -04'00'	

Approval Official or Designee's Signature:

Elizabeth Shaw

Digitally signed by Elizabeth Shaw

Date: 2022.09.12 20:34:21 -04'00'

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

## PRIVACY ACT STATEMENT

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

## Appendix D - EPA-AFGE Remote Work Application/Agreement

<b>Employee Name:</b> Eric Goehl	<b>Job Title &amp; Grade:</b> Physical Scientist GS 13-7
<b>AAship/Region and Division:</b> OAR/OAQPS/SPPD	<b>Address of Official Agency Worksite:</b> 109 TW Alexander Drive, Durham, NC 27709
<b>Employee's Work Phone:</b> 919-541-4299	<b>Employee's Work E-mail Address:</b> goehl.eric@epa.gov
<b>First-line Supervisor:</b> Patrick Lessard	<b>First-line Supervisor's Work Phone:</b> 919-541-5383
<b>Proposed Start Date:</b> July 3, 2022	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b>  	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b> <div style="border: 1px dashed black; padding: 2px;">Ex. 6 Personal Privacy (PP)</div>	<b>Alternate Phone Number (if available):</b>
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement  Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>3/30/2022</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

I have been the project lead (Task Order Contracting Officer Representative - TOCOR) for the agency's electronic reporting system called CEDRI (Compliance and Emissions Data Reporting Interface) for the last year and half. Regulated entities are required to use this application to submit electronic reports for approximately 100 Clean Air Act rules. A vast majority of the users (over 15,000) for this application are located across the United States with less than 10 located near my official worksite in RTP, NC. I communicate with our users through email, Microsoft Teams meetings (allowing screen sharing), and telephone.

Since the beginning of teleworking, these modes of communications with users and local colleagues have greatly increased the productivity of our meetings. My assessment is that remote telework does not diminish my ability to accomplish the Agency's mission and operational goals but actually increases my effectiveness.

**Approval/Disapproval (attach documentation):**

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

<b>Employee's Signature:</b> <b>ERIC GOEHL</b> <small>Digitally signed by ERIC GOEHL Date: 2022.06.15 12:08:09 -04'00'</small>	<b>Date:</b> 6/15/2022
<b>Supervisor's Signature:</b> <b>PATRICK LESSARD</b> <small>Digitally signed by PATRICK LESSARD Date: 2022.07.01 11:40:36 -04'00'</small>	<b>Date:</b> 7/1/2022
<b>AA/RA (or designee) Signature:</b> <b>Elizabeth Shaw</b> <small>Digitally signed by Elizabeth Shaw Date: 2022.12.21 17:38:41 -05'00'</small>	<b>Date:</b>

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Eric Goehl Remote Work Text

I have been the project lead (Task Order Contracting Officer Representative - TOCOR) for the agency's electronic reporting system called CEDRI (Compliance and Emissions Data Reporting Interface) for the last year and half. Regulated entities are required to use this application to submit electronic reports for approximately 100 Clean Air Act rules. A vast majority of the users (over 15,000) for this application are located across the United States with less than 10 located near my official worksite in RTP, NC. I communicate with our users through email, Microsoft Teams meetings (allowing screen sharing), and telephone.

Since the beginning of teleworking, these modes of communications with users and local colleagues have greatly increased the productivity of our meetings. My assessment is that remote telework does not diminish my ability to accomplish the Agency's mission and operational goals but actually increases my effectiveness.

In the near future (end of 2022), as the IT applications in OAQPS are transitioning to OID, I'll switch from being the TOCOR to the Subject Matter Expert (SME). In this new role it will be even more important for effective communication with the larger CEDRI Team. The communication with CEDRI Team members can be accomplished most effectively with Microsoft Teams, email and telephone to document the discussions and decisions compared to live and in person meetings. Therefore, I continue to believe my duties can effectively be accomplished and will not diminish the Agency's ability to accomplish its mission and meet its operational goals working remotely both now and in the future.

## **Ex. 6 Personal Privacy (PP)**

My amenities at my remote telework location are far superior to my RTP office. I have two large crystal-clear monitors, sit/stand workstation, printer, dedicated office with door, window, and consistent comfortable temperature.

Additionally, working remotely avoids the negative impact on the environment caused by automobile emissions.

**Appendix D - EPA-AFGE Remote Work Application/Agreement**

<b>Employee Name:</b> Courtney Herbolsheimer	<b>Job Title &amp; Grade:</b> Program Analyst, GS 13
<b>AAship/Region and Division:</b> OAR/OTAQ/IO	<b>Address of Official Agency Worksite:</b> 1200 Pennsylvania Ave, NW Washington DC 20004
<b>Employee's Work Phone:</b> 202-564-5767	<b>Employee's Work E-mail Address:</b> herbolsheimer.courtney@epa.gov
<b>First-line Supervisor:</b> Julia Burch	<b>First-line Supervisor's Work Phone:</b> 202-564-0961
<b>Proposed Start Date:</b> April 24, 2022	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b> <b>Ex. 6 Personal Privacy (PP)</b>	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b>	<b>Alternate Phone Number (if available):</b>
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>3/21/2022</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

My work in OTAQ's Immediate Office is entirely portable, and I am able to efficiently and effectively manage all of my responsibilities remotely while staying integrated and connected to my manager and team. It's important to me to maintain strong communication through the multitude of virtual tools available. I am always available to my colleagues through several different technology channels and can participate fully in meetings through video. I am also a highly disciplined, independent, and motivated employee with good time management skills; I take initiative and complete tasks within my portfolio with little oversight needed. At the same time, I maintain constant communication with my supervisor and teammates and check-in frequently to ensure deadlines and deliverables are met.

## Ex. 6 Personal Privacy (PP)

**Approval/Disapproval (attach documentation):**

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

<b>Employee's Signature:</b> COURTNEY HERBOLSHEIMER	Digitally signed by COURTNEY HERBOLSHEIMER Date: 2022.03.21 15:39:55 -04'00'	<b>Date:</b> 03/21/2022
<b>Supervisor's Signature:</b> JULIA BURCH	Digitally signed by JULIA BURCH Date: 2022.08.29 13:01:12 -04'00'	<b>Date:</b>
<b>AA/RA (or designee) Signature:</b> Elizabeth Shaw	Digitally signed by Elizabeth Shaw Date: 2022.10.20 10:48:34 -04'00'	<b>Date:</b>

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

### **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.



My work in OTAQ's Immediate Office is entirely portable, and I am able to efficiently and effectively manage all of my responsibilities remotely while staying integrated and connected to my manager and team. It's important to me to maintain strong communication through the multitude of virtual tools available. I am always available to my colleagues through several different technology channels and can participate fully in meetings through video. I am also a highly disciplined, independent, and motivated employee with good time management skills; I take initiative and complete tasks within my portfolio with little oversight needed. At the same time, I maintain constant communication with my supervisor and teammates and check-in frequently to ensure deadlines and deliverables are met.

In a fast-paced environment, I am able to quickly coordinate messages and requests to colleagues around OTAQ and other offices, which is oftentimes more efficient remotely given that I work with staff

## **Ex. 6 Personal Privacy (PP)**

a sustainable work-life balance that promotes motivation and longevity and ensures that I'm able to contribute to the Agency's mission for many more years to come.

**Appendix D - EPA-AFGE Remote Work Application/Agreement**

<b>Employee Name:</b> Michelle Ibarra	<b>Job Title &amp; Grade:</b> Information Technology Specialist, GS-13
<b>AAship/Region and Division:</b> OAR/OAP/Clean Air Markets Division	<b>Address of Official Agency Worksite:</b> 1200 Pennsylvania Ave NW, MC6204M, Washington, DC 20460
<b>Employee's Work Phone:</b> 202-566-1005	<b>Employee's Work E-mail Address:</b> ibarra.michelle@epa.gov
<b>First-line Supervisor:</b> Jeremy Schreifels	<b>First-line Supervisor's Work Phone:</b> 202-343-9127
<b>Proposed Start Date:</b> 05/01/2022	<b>If Temporary, Proposed End Date:</b>

**Address of Remote Work Location (Including city, state and zip code):****Ex. 6 Personal Privacy (PP)****Within same Locality Pay Area of Official Agency Worksite:**☐ Yes☒ No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]**Phone Number:**

Ex. 6 Personal Privacy (PP)

**Alternate Phone Number (if available):****Request:**

Check one:



New Request



Request for Modification to Existing Agreement


Check if for temporary period: ☐ Temporary**Section 2. Employee's Approved Schedule:** Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.**Section 3. Safety Certification****Safety Certification:** The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.**Section 4. Employee Certification and Signature****Employee Certification:** I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.☒ Remote Work Training taken on 03-01-2022 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

Ms. Ibarra's duties include: serving as an Application Program Manager, coordinating CAMD IT initiatives which involves frequent virtual interaction with contractors and EPA staff located across the U.S.; developing/maintaining CAMD apps (CAM API, Power Profiler, etc.) by working independently or through paired programming (screen sharing); and, evaluating/adopting modern design/development practices. Ms. Ibarra can perform all of her duties as effectively from the RWL as from the Official Agency worksite by continuing to: utilize EPA's collaboration tools; participate in online meetings with EPA staff and contractors who are working in various locations in the U.S.; participate in online OAR, technology, and Federal trainings/webinars; and, be available through Microsoft Teams, Outlook, and office phone number. Approval of this request will not diminish the EPA's ability to accomplish its mission and meet its operations goals because Ms. Ibarra will be: gathering periodic performance feedback from her supervisor; working during her team's core business hours; frequently communicating with EPA staff/contractors/users; participate in online EPA/Government IT groups; and, staying current on Federal/EPA policies and industry best practices.

**Approval/Disapproval (attach documentation):**

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

<b>Employee's Signature:</b> MICHELLE IBARRA <small>Digitally signed by MICHELLE IBARRA Date: 2022.03.24 15:12:19 -04'00'</small>	<b>Date:</b>
<b>Supervisor's Signature:</b> 	<b>Date:</b> 3/24/2022
<b>AA/RA (or designee) Signature:</b> Elizabeth Shaw <small>Digitally signed by Elizabeth Shaw Date: 2022.05.16 16:12:16 -04'00'</small>	<b>Date:</b> 5/16/22
<b>Distribution:</b> The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.	

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

## Appendix D - EPA-AFGE Remote Work Application/Agreement

<b>Employee Name:</b> Aaron S. Johnson	<b>Job Title &amp; Grade:</b> Environmental Protection Specialist/GS-13
<b>AAship/Region and Division:</b> OAR-ORIA-IED	<b>Address of Official Agency Worksite:</b> 1200 Pennsylvania Ave. NW., Washington DC 20004
<b>Employee's Work Phone:</b> 202-343-2287	<b>Employee's Work E-mail Address:</b> johnson.aarons@epa.gov
<b>First-line Supervisor:</b> Bill Long	<b>First-line Supervisor's Work Phone:</b> 202-343-9733
<b>Proposed Start Date:</b> September 1, 2022	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b> <div style="border: 1px dashed black; padding: 5px; text-align: center; margin: 5px 0;"> <b>Ex. 6 Personal Privacy (PP)</b> </div>	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b> <div style="border: 1px dashed black; padding: 2px; margin: 2px 0;">                     Ex. 6 Personal Privacy (PP)                 </div>	<b>Alternate Phone Number (if available):</b>
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement  Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>  <div style="text-align: center; font-family: cursive; font-size: 1.2em;"> <i>Aaron S. Johnson</i> </div>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>03/28/2022</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

- All of my work is portable. I do not work with equipment other than a laptop, so I don't need access to the physical worksite.
- My tasks and work assignments can be performed equally effectively at the RWL.
- None of my work will need to be reassigned due to remote work.
- My work rarely, if ever, requires access to in-office resources. All of my work is performed from my EPA laptop.
- All communication with clients is through email or other MS Office resources that I have access to on my laptop, so there will be no disruptions in communications with clients.
- My position does not require in-person interface with management or other colleagues.
- I have a demonstrated track record of meeting and exceeding performance objectives and working without close supervision. Even before the pandemic, I was on a regular telework schedule, teleworking the maximum time allowed by the Union agreement.

**Approval/Disapproval (attach documentation):**

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

<b>Employee's Signature:</b> <i>Aaron S. Johnson</i>	<b>Date:</b> 09/01/2022
<b>Supervisor's Signature:</b> <i>Bill Long</i>	<b>Date:</b> <i>9/1/22</i>
<b>AA/RA (or designee) Signature:</b> Elizabeth Shaw <small>Digitally signed by Elizabeth Shaw Date: 2022.12.21 17:33:49 -05'00'</small>	<b>Date:</b>

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

**Appendix D - EPA-AFGE Remote Work Application/Agreement**

<b>Employee Name:</b> Annette Johnson	<b>Job Title &amp; Grade:</b> Program Analyst; GS-14
<b>AAship/Region and Division:</b> OAR/ORIA - Program Management Office	<b>Address of Official Agency Worksite:</b> WJCN; 1200 Penn Ave., NW Wash DC 20460
<b>Employee's Work Phone:</b> 202-343-9489	<b>Employee's Work E-mail Address:</b> johnson.annette@epa.gov
<b>First-line Supervisor:</b> Pamela Bullard	<b>First-line Supervisor's Work Phone:</b> 202-343-9411
<b>Proposed Start Date:</b> March 1, 2022	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b>	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b> <small>Ex. 6 Personal Privacy (PP)</small>	<b>Alternate Phone Number (if available):</b> 2027341467
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>01/24/2022</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

Please see attached

**Approval/Disapproval (attach documentation):**



Approved



Disapproved (cite reason(s) below)

**Employee's Signature:** ANNETTE  
JOHNSON

Digitally signed by ANNETTE  
JOHNSON  
Date: 2022.01.25 09:59:43 -05'00'

**Date:**

**Supervisor's Signature:**  
Pamela Bullard

Digitally signed by Pamela Bullard  
Date: 2022.03.09 15:07:45 -05'00'

**Date:**

**AA/RA (or designee) Signature:**  
Elizabeth Shaw

Digitally signed by Elizabeth Shaw  
Date: 2022.09.15 14:21:19 -04'00'

**Date:**

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

I have been performing my duties with all the Agency tools required in the office space. I utilize the MS teams to communicate in meetings, trainings, and phone calls daily. I am currently a member of two ELMS boards, attend scheduled biweekly huddles and track project progress. I have consistent check-ins with my supervisor to discuss projects/activities. My duties are suitable for remote work and include but not limited to planning, responding to data calls, tracking, and prioritizing projects to meet my deadlines. I work independently and require minimally to no supervision. I provide timely and quality customer service responses to staff.

## **Ex. 6 Personal Privacy (PP)**

flexibility will allow for communication at later hours with staff and customers who may be in a different time zone. This schedule will allow the Agency to achieve cost savings per month by reducing the office space required, purchase of office furniture and supplies, thus reducing the office cleaning services and the Health and Safety cost. It will help to assist the Agency in the overall carbon footprint by reducing the number of vehicles on the road per day and decreasing the monthly purchase of transit subsidies.

## **Ex. 6 Personal Privacy (PP)**





### Appendix D – Remote Work Agreement

<b>Employee's Name:</b> Nathaniel Jutras	<b>Job Title, Pay Plan, Series &amp; Grade:</b> Environmental Protection Analyst, GS-13-8
<b>Office/Region and Division:</b> OAR/OAP/CPDP/ESLB	<b>Address of Regular Office or Worksite:</b> 1200 Pennsylvania Avenue, Washington, DC 20460
<b>Employee's Work Phone:</b> (202) 564-0301	<b>Employee's Work Email Address:</b> Jutras.Nathaniel@epa.gov
<b>Supervisor's Name:</b> Ann Bailey	<b>Supervisor's Work Phone &amp; Email Address:</b> (202) 343-9023
<b>Proposed Start Date:</b> 6/5/2022	<b>Proposed End Date (for DETO):</b>
<b>Address of Remote Work Location (including city, state and zip code):</b>	
<b>Within same Local Commuting Area of Regular Office or Worksite:</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)	
<b>Request:</b> Select one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement [   ]	
<b>Employee Certification:</b> I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.	
<b>Approval/Disapproval (attach documentation):</b>  <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (cite reason(s) below)	
<b>Employee's Signature:</b> Jutras, Nathaniel Digitally signed by Jutras, Nathaniel Date: 2022.05.24 17:51:54 -04'00'	
<b>Supervisor's Signature:</b> ANN BAILEY Digitally signed by ANN BAILEY Date: 2022.06.06 14:24:43 -04'00'	

Approval Official or Designee's Signature:

Elizabeth Shaw

Digitally signed by Elizabeth Shaw

Date: 2022.09.15 14:18:37 -04'00'

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

## PRIVACY ACT STATEMENT

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

## Appendix D - EPA-AFGE Remote Work Application/Agreement

<b>Employee Name:</b> Patricia D Koman	<b>Job Title &amp; Grade:</b> OAR EJ Coordinator GS 14
<b>AAship/Region and Division:</b> OAR/OAPPS	<b>Address of Official Agency Worksite:</b> 1200 Pennsylvania Ave NW, Washington, DC 20460
<b>Employee's Work Phone:</b> n/a	<b>Employee's Work E-mail Address:</b> koman.patricia@epa.gov
<b>First-line Supervisor:</b> Jonathan Lubetsky	<b>First-line Supervisor's Work Phone:</b> (202) 564-3166
<b>Proposed Start Date:</b> May 22, 2022	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b>  	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b> <div style="border: 1px dashed black; padding: 2px; display: inline-block;">Ex. 6 Personal Privacy (PP)</div>	<b>Alternate Phone Number (if available):</b>
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement  Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>March 17, 2022</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

I am able to perform all of my tasks and duties at least as effectively from the Remote Work Location as from the Official Agency Worksite. I currently have access to many Agency tools that support telework such as Pulse Secure VPN, an electronic signature, collaborative tools such as MS Outlook Teams which provides video conferencing and direct messaging, access to EPA share drives, and IT services that allow remote access to my government-provided systems. I have access to government-owned hardware (laptop, power cord, docking station), and access to a home office, high speed internet, and other supports necessary to ensure productivity.

All of my work is portable. This request does not require any reassignment of tasks or duties to other employees. My position is the senior OAR Environmental Justice Coordinator, advising the Assistant Administrator, Deputy Assistant Administrators, and OAPPS Director on a broad variety of environmental justice (EJ) initiatives to ensure the effective design, coordination, and success of the initiatives. I lead EJ issues and activities across OAR programs, regional offices

**Approval/Disapproval (attach documentation):**

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

<b>Employee's Signature:</b> Koman, Patricia	Digitally signed by Koman, Patricia Date: 2022.04.26 08:26:03 -04'00'	<b>Date:</b>
<b>Supervisor's Signature:</b> JONATHAN LUBETSKY	Digitally signed by JONATHAN LUBETSKY Date: 2022.04.27 13:14:12 -04'00'	<b>Date:</b>
<b>AA/RA (or designee) Signature:</b> Elizabeth Shaw	Digitally signed by Elizabeth Shaw Date: 2022.09.12 20:40:19 -04'00'	<b>Date:</b>

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

I am able to perform all of my tasks and duties at least as effectively from the Remote Work Location as from the Official Agency Worksite. I currently have access to many Agency tools that support telework such as Pulse Secure VPN, an electronic signature, collaborative tools such as MS Outlook Teams which provides video conferencing and direct messaging, access to EPA share drives, and IT services that allow remote access to my government-provided systems. I have access to government-owned hardware (laptop, power cord, docking station), and access to a home office, high speed internet, and other supports necessary to ensure productivity.

All of my work is portable. This request does not require any reassignment of tasks or duties to other employees. My position is the senior OAR Environmental Justice Coordinator, advising the Assistant Administrator, Deputy Assistant Administrators, and OAPPS Director on a broad variety of environmental justice (EJ) initiatives to ensure the effective design, coordination, and success of the initiatives. I lead EJ issues and activities across OAR programs, regional offices and in partnership with other national program offices, and external parties. Much of the specific duties include attending virtual meetings via MS Teams video conference, policy development, writing and reviewing reports, analyzing policy, and communicating with networks via email and online collaborative tools. These tasks can be performed at least as effectively at the remote work location and will not disrupt communication with internal or external groups. Further, because OAR program offices are located in Ann Arbor, MI, and Research Triangle Park, NC, many of my key co-workers work elsewhere than the Official Agency Worksite; thus, being located physically at the Worksite would not change the need for virtual interactions in my day-to-day tasks. There will be occasions in which working in Ann Arbor will be advantageous for the Agency for potential in-person coordination with OTAQ/ NVFEL and Midwest or Detroit-based stakeholders.

Although I am a newly returning employee, I have a long, demonstrated record of meeting performance objectives without close in-person supervision. In my previous federal service with the EPA, I was able to work effectively for many years from the EPA Ann Arbor office by phone/email/video conference with a supervisor, co-workers, and division director who were in the Washington, DC, EPA office. During that

## **Ex. 6 Personal Privacy (PP)**

should provide confidence in my ability to successfully complete duties independently, maintain productivity goals, overcome barriers, and communicate effectively during remote work.

Approving this request will not diminish the Agency's ability to accomplish its mission; on the contrary, remote work confers benefits to the Agency including increased productivity and employee performance, enhanced retention of experienced staff with unique combinations of qualifications, heightened employee morale, and improved emergency preparedness.



### Appendix D – Remote Work Agreement

<b>Employee's Name:</b> Brian Krausz	<b>Job Title, Pay Plan, Series &amp; Grade:</b> Physical Scientist, GS-13
<b>Office/Region and Division:</b> OAR/OAP/CPD	<b>Address of Regular Office or Worksite:</b> 1200 Pennsylvania Ave. NW, WDC, 20004
<b>Employee's Work Phone:</b> 202-641-8200	<b>Employee's Work Email Address:</b> krausz.brian@epa.gov
<b>Supervisor's Name:</b> Katharine Kaplan	<b>Supervisor's Work Phone &amp; Email Address:</b> kaplan.katharine@epa.gov, 202-343-9120
<b>Proposed Start Date:</b> 06/05/2022	<b>Proposed End Date (for DETO):</b>
<b>Address of Remote Work Location (including city, state and zip code):</b>	
<b>Within same Local Commuting Area of Regular Office or Worksite:</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)	
<b>Request:</b> Select one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement [ ]	
<b>Employee Certification:</b> I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.	
<b>Approval/Disapproval (attach documentation):</b>  <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (cite reason(s) below)	
<b>Employee's Signature:</b>  BRIAN KRAUSZ Digitally signed by BRIAN KRAUSZ Date: 2022.05.12 12:31:52 -04'00'	
<b>Supervisor's Signature:</b>  KATHARINE KAPLAN Digitally signed by KATHARINE KAPLAN Date: 2022.05.16 09:27:57 -04'00'	

Approval Official or Designee's Signature:

Elizabeth Shaw

Digitally signed by Elizabeth Shaw  
Date: 2022.09.12 20:35:18 -04'00'

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

## PRIVACY ACT STATEMENT

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.





### Appendix A – EPA Remote Work Agreement

<b>Employee's Name:</b> David Lifland	<b>Job Title, Pay Plan, Series &amp; Grade:</b> Attorney-Advisor, GS-0905-15
<b>Office/Region and Division:</b> OAR/OAP/CAMD/IO	<b>Address of Regular Office or Worksite:</b> 1200 Pennsylvania Avenue NW, Washington, DC 20460
<b>Employee's Work Phone:</b> 202-343-9151	<b>Employee's Work Email Address:</b> lifland.david@epa.gov
<b>Supervisor's Name:</b> Rona Birnbaum	<b>Supervisor's Work Phone &amp; Email Address:</b> 202-343-9076 / birnbaum.rona@epa.gov
<b>Proposed Start Date:</b> March 27, 2022	<b>Proposed End Date (for DETO):</b> na
<b>Address of Remote Work Location (including city, state and zip code):</b>  	
<b>Within same Locality Commuting Area of Regular Office or Worksite:</b>  <input type="radio"/> Yes <input checked="" type="radio"/> No  (Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)	
<b>Domestic Employee Teleworking Overseas Arrangement (DETO):</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>Request:</b> Select one: <input checked="" type="radio"/> New Request <input type="radio"/> Request for Modification to Existing Agreement	
<b>Employee Certification:</b> I certify by signing below I have read and understand the EPA Remote Work Policy and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. I have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.	
<b>Approval/Disapproval (attach documentation):</b>  <input checked="" type="radio"/> Approved  <input type="radio"/> Disapproved (cite reason(s) below)	
<b>Employee's Signature:</b>  DAVID LIFLAND	Digitally signed by DAVID LIFLAND Date: 2022.03.11 15:56:40 -05'00'
<b>Supervisor's Signature:</b>  Birnbaum, Rona	Digitally signed by Birnbaum, Rona Date: 2022.03.21 11:24:00 -04'00'
<b>AA/RA (or designee) Signature:</b>  Elizabeth Shaw	Digitally signed by Elizabeth Shaw Date: 2022.05.25 17:36:04 -04'00'
<b>Distribution:</b> The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

## Appendix D - EPA-AFGE Remote Work Application/Agreement

<b>Employee Name:</b> Jose S. Lucca	<b>Job Title &amp; Grade:</b> Environmental Protection Specialist 0028 GS-13
<b>AAship/Region and Division:</b> OAR/HQ/CD	<b>Address of Official Agency Worksite:</b> Washington DC
<b>Employee's Work Phone:</b> 202-343-9490	<b>Employee's Work E-mail Address:</b> lucca.jose@epa.gov
<b>First-line Supervisor:</b> John Weihrauch	<b>First-line Supervisor's Work Phone:</b> 202-343-9477
<b>Proposed Start Date:</b> 04/11/2022	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b> <div style="border: 1px dashed black; padding: 5px; display: inline-block;"> <b>Ex. 6 Personal Privacy (PP)</b> </div>	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b> <div style="border: 1px dashed black; padding: 2px; display: inline-block;">                     Ex. 6 Personal Privacy (PP)                 </div>	<b>Alternate Phone Number (if available):</b>
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement  Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>4/01/2022</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

For the past two years all my EPA work duties were done remotely from home. I have successfully completed all assigned projects relating to fuel and fuel additive registration database system CFR Parts 79 & 80 and related regulatory work, answered public FOIA requests, performed contract management duties as COR and participated in budget planning and budget execution. I have acquired and maintained full access to all required agency resources and technology capabilities necessary to perform my duties.

## Ex. 6 Personal Privacy (PP)

**Approval/Disapproval (attach documentation):**

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

<b>Employee's Signature:</b> Jose S. Lucca	Digitally signed by Jose S. Lucca Date: 2022.04.01 14:13:15 -04'00'	<b>Date:</b> 4/01/2022
<b>Supervisor's Signature:</b> JOHN WEIHRAUCH	Digitally signed by JOHN WEIHRAUCH Date: 2022.08.26 11:52:50 -04'00'	<b>Date:</b>
<b>AA/RA (or designee) Signature:</b> Elizabeth Shaw	Digitally signed by Elizabeth Shaw Date: 2022.10.31 08:11:59 -04'00'	<b>Date:</b>

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

### **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.



### Appendix A – EPA Remote Work Agreement

<b>Employee's Name:</b> Bella Maranion	<b>Job Title, Pay Plan, Series &amp; Grade:</b> Physical Scientist, GS-1301-15
<b>Office/Region and Division:</b> OAR/OAP/Stratospheric Protection Division (SPD)	<b>Address of Regular Office or Worksite:</b> HQ
<b>Employee's Work Phone:</b> (202) 343-9749	<b>Employee's Work Email Address:</b> maranion.bella@epa.gov
<b>Supervisor's Name:</b> Cindy Newberg	<b>Supervisor's Work Phone &amp; Email Address:</b> (202) 343-9729; newberg.cindy@epa.gov
<b>Proposed Start Date:</b> Upon approval	<b>Proposed End Date (for DETO):</b>
<b>Address of Remote Work Location (including city, state and zip code):</b>	
<b>Within same Locality Commuting Area of Regular Office or Worksite:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No (Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)	
<b>Domestic Employee Teleworking Overseas Arrangement (DETO):</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>Request:</b> Select one: <input checked="" type="radio"/> New Request <input type="radio"/> Request for Modification to Existing Agreement	
<b>Employee Certification:</b> I certify by signing below I have read and understand the EPA Remote Work Policy and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. I have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.	
<b>Approval/Disapproval (attach documentation):</b> <input checked="" type="radio"/> Approved <input type="radio"/> Disapproved (cite reason(s) below)	
<b>Employee's Signature:</b>  Bella Maranion	Digitally signed by BELLA MARANION Date: 2022.06.07 16:41:33 -04'00'
<b>Supervisor's Signature:</b>  Cynthia Newberg	Digitally signed by CYNTHIA NEWBERG Date: 2022.07.20 15:45:36 -04'00'
<b>AA/RA (or designee) Signature:</b>  Elizabeth Shaw	Digitally signed by Elizabeth Shaw Date: 2022.10.20 10:50:37 -04'00'
<b>Distribution:</b> The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

## Appendix D - EPA-AFGE Remote Work Application/Agreement

<b>Employee Name:</b> Alari Maricq	<b>Job Title &amp; Grade:</b> Computer Scientist, GS11
<b>AAship/Region and Division:</b> OAR, OTAQ, TATD	<b>Address of Official Agency Worksite:</b> 2565 Plymouth Road Ann Arbor, MI 48105
<b>Employee's Work Phone:</b> 734-214-4564	<b>Employee's Work E-mail Address:</b> maricq.alari@epa.gov
<b>First-line Supervisor:</b> Kirk Hildreth	<b>First-line Supervisor's Work Phone:</b> 734-214-4605 hildreth.kirk@epa.gov
<b>Proposed Start Date:</b> 2022-04-24	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b>  	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b>	<b>Alternate Phone Number (if available):</b>
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement  Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>2022-03-14</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

As a Computer Scientist, all of my work is portable, because my duties do not normally involve working with computer hardware. So long as the agency continues to provide means of remote access to the needed computers and information systems, I will continue to be able to perform my duties without hindrance.

I have been working full-time remote for the past two years during the COOP for the COVID-19 pandemic. This has not impacted my performance, nor have I had to put-off or turn-down work items because of it.

**Approval/Disapproval (attach documentation):**

☒

Approved

☐

Disapproved (cite reason(s) below)

**Employee's Signature:**

Maricq, Alari

Digitally signed by Maricq, Alari  
Date: 2022.03.18 12:36:01  
-04'00'

**Date:**

**Supervisor's Signature:**



Digitally signed by KIRK  
HILDRETH  
Date: 2022.03.21 14:39:28 -04'00'

**Date:**

**AA/RA (or designee) Signature:**

Elizabeth Shaw

Digitally signed by Elizabeth  
Shaw  
Date: 2022.09.12 20:43:04  
-04'00'

**Date:**

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

## Appendix D - EPA-AFGE Remote Work Application/Agreement

<b>Employee Name:</b> Jennifer Mendenhall	<b>Job Title &amp; Grade:</b> Contracting Officer 1102/ GS13
<b>AAship/Region and Division:</b> OAR NVFEL	<b>Address of Official Agency Worksite:</b> 2565 Plymouth Road, Ann Arbor, MI
<b>Employee's Work Phone:</b> 734-214-4181	<b>Employee's Work E-mail Address:</b> mendenhall.jennifer@epa.gov
<b>First-line Supervisor:</b> Erica Watkins	<b>First-line Supervisor's Work Phone:</b> watkins.eric@epa.gov
<b>Proposed Start Date:</b> 4/24/2022	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b>  	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b> Ex. 6 Personal Privacy (PP)	<b>Alternate Phone Number (if available):</b>
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement  Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>3/11/2022</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

Due to the 2020 Pandemic, I have successfully performed all job duties remotely for 2 years. All contracting work is electronic where all supporting documents are uploaded into an electronic contracting database (EAS). The office phone number is remotely linked to my personal cell phone. With the ability to remotely dial vendors, I keep work related calls separate from personal calls. (Vendors do not receive my personal phone number yet they have the ability to reach me by dialing the EPA office phone number). Email is most used method of communication with vendors/contractors as it is best to have the majority of communication in writing for documentation purposes. All signatures are digital. Any document that requires signature can be saved to adobe PDF and then digitally sign. Internet connectivity is stable at the identified permanent remote work location. I am familiar with MS Teams and make it the primary method of communication reaching co-workers as to use the video feature for many calls to interact "face-to-face" on many occasions.

**Approval/Disapproval (attach documentation):**

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

<b>Employee's Signature:</b> JENNIFER MENDENHALL	Digitally signed by JENNIFER MENDENHALL Date: 2022.03.11 17:10:07 -05'00'	<b>Date:</b> 3/11/2022
<b>Supervisor's Signature:</b> ERICA WATKINS	Digitally signed by ERICA WATKINS Date: 2022.03.24 08:10:44 -04'00'	<b>Date:</b> 3/24/2022
<b>AA/RA (or designee) Signature:</b> Elizabeth Shaw	Digitally signed by Elizabeth Shaw Date: 2022.09.12 20:41:59 -04'00'	<b>Date:</b>

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.



## Appendix D - EPA-AFGE Remote Work Application/Agreement

<b>Employee Name:</b> Teresa (Tracey) Mitchell	<b>Job Title &amp; Grade:</b> Environmental Protection Specialist 14
<b>AAship/Region and Division:</b> OAR/ORIA/IED	<b>Address of Official Agency Worksite:</b> WJC North, Washington, DC
<b>Employee's Work Phone:</b> 202-343-9443	<b>Employee's Work E-mail Address:</b> mitchell.tracey@epa.gov
<b>First-line Supervisor:</b> Susie Shimek	<b>First-line Supervisor's Work Phone:</b> 202-343-9054
<b>Proposed Start Date:</b> February 13, 2022	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b> <div style="background-color: black; height: 1.2em; width: 100%;"></div>	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b> <div style="border: 1px solid black; padding: 2px; width: 100%;">Ex. 6 Personal Privacy (PP)</div>	<b>Alternate Phone Number (if available):</b>
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement  Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.  <div style="text-align: center;">I am on a maxiflex schedule which changes each pay period.</div>	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on _____ date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

As a GS14 with 25 years of federal experience, I am a capable, independent employee who has been productive and successful during all of my employment. I have the necessary technology and tools to perform all of my duties effectively from my RWL thus allowing me to continue to use my unique expertise as a Certified Asthma Educator and Respiratory Therapist to advance the work of IED's asthma program.

**Approval/Disapproval (attach documentation):**

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

<b>Employee's Signature:</b> Teresa (Tracey) Mitchell	<b>Date:</b> 01/26/22
<b>Supervisor's Signature:</b> ALISA SMITH <small>Digitally signed by ALISA SMITH Date: 2022.03.01 18:06:36 -05'00'</small>	<b>Date:</b>
<b>AA/RA (or designee) Signature:</b> Elizabeth Shaw <small>Digitally signed by Elizabeth Shaw Date: 2022.10.05 13:34:57 -04'00'</small>	<b>Date:</b>
<b>Distribution:</b> The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.	

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.



### Appendix D – Remote Work Agreement

Employee's Name: lawrence oeler	Job Title, Pay Plan, Series & Grade: envr engr gs13
Office/Region and Division: oar/otaq/cd	Address of Regular Office or Worksite: 1200 pennsylvania ave, wash., dc 20460
Employee's Work Phone: 202 343 9289	Employee's Work Email Address: oeler.lawrence@epa.gov
Supervisor's Name: allen duncan	Supervisor's Work Phone & Email Address: 734-214-4815 duncan.allen@epa.gov
Proposed Start Date: asap	Proposed End Date (for DETO): -
Address of Remote Work Location (including city, state and zip code): _____	
<b>Within same Local Commuting Area of Regular Office or Worksite:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Domestic Employee Teleworking Overseas Arrangement (Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy) (DETO): <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Request:</b> Select one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement [ ]	
Employee Certification: I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.	
<b>Approval/Disapproval (attach documentation):</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (cite reason(s) below)	
Employee's Signature: 	
Supervisor's Signature:  20220421	

Approval Official or Designee's Signature:

Elizabeth Shaw

Digitally signed by Elizabeth Shaw

Date: 2022.07.27 16:51:21 -04'00'

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

## PRIVACY ACT STATEMENT

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.



### Appendix D – Remote Work Agreement

<b>Employee's Name:</b> Katharina Ramona O'Reilly	<b>Job Title, Pay Plan, Series &amp; Grade:</b> Program Analyst, 1102, GS-13
<b>Office/Region and Division:</b> U.S. EPA HQ / OAR / OPMO	<b>Address of Regular Office or Worksite:</b> 1200 Penn Ave NW DC 20460
<b>Employee's Work Phone:</b> 984-278-0909	<b>Employee's Work Email Address:</b> oreilly.kat@epa.gov
<b>Supervisor's Name:</b> Eleanor Marusiak	<b>Supervisor's Work Phone &amp; Email Address:</b> 202-564-3446, marusiak.eleanor@epa.gov
<b>Proposed Start Date:</b> 01/01/2023	<b>Proposed End Date (for DETO):</b>
<b>Address of Remote Work Location (including city, state and zip code):</b>	
<b>Within same Local Commuting Area of Regular Office or Worksite:</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Supervisor: Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)	
<b>Request:</b> Select one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement [ ]	
<b>Employee Certification:</b> I certify by signing below I have read and understand the EPA Remote Work Policy and relevant collective bargaining agreements (CBA) and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. In accordance with agency policy and existing CBAs, I will have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.	
<b>Approval/Disapproval (attach documentation):</b>  <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (cite reason(s) below)	
<b>Employee's Signature:</b> Oreilly, Katharina Digitally signed by Oreilly, Katharina Date: 2022.12.13 15:14:49 -05'00'	
<b>Supervisor's Signature:</b> ELEANOR MARUSIAK Digitally signed by ELEANOR MARUSIAK Date: 2022.12.15 16:34:31 -05'00'	

Approval Official or Designee's Signature:

Elizabeth Shaw

Digitally signed by Elizabeth Shaw

Date: 2023.01.03 16:35:37 -05'00'

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

## PRIVACY ACT STATEMENT

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote work Application and Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.



### Appendix A – EPA Remote Work Agreement

<b>Employee's Name:</b> Michele Painter	<b>Job Title, Pay Plan, Series &amp; Grade:</b> Program Analyst GS-03430-13/8
<b>Office/Region and Division:</b> OAR/ORIA/PMO	<b>Address of Regular Office or Worksite:</b> 1200 Penn Ave, NW, Washington, DC 20460
<b>Employee's Work Phone:</b> 202-343-9701	<b>Employee's Work Email Address:</b> painter.michele@epa.gov
<b>Supervisor's Name:</b> Pamela Bullard	<b>Supervisor's Work Phone &amp; Email Address:</b> bullard.pamela@epa.gov 202-343-9011
<b>Proposed Start Date:</b> March 28, 2022	<b>Proposed End Date (for DETO):</b>

**Address of Remote Work Location (including city, state and zip code):**  
[REDACTED]

**Within same Locality Commuting Area of Regular Office or Worksite:**  
☒ Yes ☐ No

**Domestic Employee Teleworking Overseas Arrangement (DETO):** ☐ Yes ☒ No

(Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

**Request:**  
Select one: ☒ New Request ☐ Request for Modification to Existing Agreement

**Employee Certification:** I certify by signing below I have read and understand the EPA Remote Work Policy and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. I have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

**Approval/Disapproval (attach documentation):**  
☒ Approved  
☐ Disapproved (cite reason(s) below)

**Employee's Signature:**

**Supervisor's Signature:**

**AA/RA (or designee) Signature:** Elizabeth Shaw  
Digitally signed by Elizabeth Shaw  
Date: 2022.12.21 17:43:13 -05'00'

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

## Appendix D - EPA-AFGE Remote Work Application/Agreement

<b>Employee Name:</b> Nick Parsons	<b>Job Title &amp; Grade:</b> Chemical Engineer, GS-13
<b>AAship/Region and Division:</b> OAR/OTAQ/ASD	<b>Address of Official Agency Worksite:</b> 2000 Traverwood Dr, Ann Arbor, MI 48105
<b>Employee's Work Phone:</b> (734) 214-4479	<b>Employee's Work E-mail Address:</b> parsons.nick@epa.gov
<b>First-line Supervisor:</b> Paul Machiele	<b>First-line Supervisor's Work Phone:</b> (734) 214-4264
<b>Proposed Start Date:</b> 4/25/2022	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b>  	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b> <div style="border: 1px dashed black; padding: 2px; display: inline-block;">Ex. 6 Personal Privacy (PP)</div>	<b>Alternate Phone Number (if available):</b>
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement  Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>   	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>2/9/2022</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	



**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

All of my work falls under the list of work that is suitable for telework in Section 7.C.4 of the Telework Article. Namely, my work consists entirely of reviewing and writing, policy development, report writing, research, analytical work, telephone-intensive tasks and virtual meetings, computer technology-oriented tasks, and online training. My work does not require in-person interface on any routine basis, nor do I require the use of any Agency resources that can only be accessed at the worksite. The entirety of my work can be accomplished using my Agency-issued computer and a VPN connection to access Agency intranet resources. Furthermore, my RWL is in the worksite's Local Commuting Area, so I would not require the use of any Agency resources to travel to/from my worksite for the rare meeting/training/etc. that requires me to attend in-person. The Agency's ability to accomplish its mission and meet its operational goals will not be diminished by approving this request. During the COVID-19 pandemic I have remained just as effective, if not more so, in accomplishing my work at my RWL than at the worksite. I have a proven track record of accomplishing my tasks without close in-person supervision and am very responsive to management requests (including outside of regular work hours).

**Approval/Disapproval (attach documentation):**

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

<b>Employee's Signature:</b> NICHOLAS PARSONS	Digitally signed by NICHOLAS PARSONS Date: 2022.03.23 13:06:57 -04'00'	<b>Date:</b> 3/23/2022
<b>Supervisor's Signature:</b> PAUL MACHIELE	Digitally signed by PAUL MACHIELE Date: 2022.03.28 16:34:57 -04'00'	<b>Date:</b> 3/28/2022
<b>AA/RA (or designee) Signature:</b> Elizabeth Shaw	Digitally signed by Elizabeth Shaw Date: 2022.09.12 20:47:05 -04'00'	<b>Date:</b>

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

**Appendix D - EPA-AFGE Remote Work Application/Agreement**

<b>Employee Name:</b> Tuana Phillips	<b>Job Title &amp; Grade:</b> Program Analyst (GS 12)
<b>AAship/Region and Division:</b> OAR/OTAQ/IO	<b>Address of Official Agency Worksite:</b> 1200 Pennsylvania Avenue, N.W., Washington, DC 20460
<b>Employee's Work Phone:</b> (202)-565-0074	<b>Employee's Work E-mail Address:</b> phillips.tuana@epa.gov
<b>First-line Supervisor:</b> Julia Burch	<b>First-line Supervisor's Work Phone:</b> 202-564-0961
<b>Proposed Start Date:</b> 04/24/22	<b>If Temporary, Proposed End Date:</b> 10/24/2022
<b>Address of Remote Work Location (Including city, state and zip code):</b> <b>Ex. 6 Personal Privacy (PP)</b>	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b>	<b>Alternate Phone Number (if available):</b> (336)-848-6718
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement Check if for temporary period: <input checked="" type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>03/29/22</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

For the past two years, I have successfully worked remotely while the agency has exercised full telework due to the COVID-19 pandemic. I believe that I will be able to continue to be successful in performing all of my duties while working from home. I believe that my duties at this time can all be performed remotely. Should this change in the future, I will work with my supervisor to ensure I can continue to perform all of my duties. Approving this request will not diminish my contributions to the Agency and EPA's ability to accomplish its mission and meet its operational goals.

**Approval/Disapproval (attach documentation):**

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

<b>Employee's Signature:</b> TUANA PHILLIPS <small>Digitally signed by TUANA PHILLIPS Date: 2022.03.31 12:07:54 -04'00'</small>	<b>Date:</b> 03/31/2022
<b>Supervisor's Signature:</b> JULIA BURCH <small>Digitally signed by JULIA BURCH Date: 2022.08.29 12:52:40 -04'00'</small>	<b>Date:</b>
<b>AA/RA (or designee) Signature:</b> Elizabeth Shaw <small>Digitally signed by Elizabeth Shaw Date: 2022.10.20 10:49:33 -04'00'</small>	<b>Date:</b>

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.



### Appendix A – EPA Remote Work Agreement

<b>Employee's Name:</b> Melissa Puchalski	<b>Job Title, Pay Plan, Series &amp; Grade:</b> Lead Physical Scientist, GS14
<b>Office/Region and Division:</b> OAR/OAP/CAMD	<b>Address of Regular Office or Worksite:</b> 1200 Penn. Ave NW Washington DC 20460
<b>Employee's Work Phone:</b> 202-343-9882	<b>Employee's Work Email Address:</b> puchalski.melissa@epa.gov
<b>Supervisor's Name:</b> Richard Haeuber	<b>Supervisor's Work Phone &amp; Email Address:</b> 202-343-9250, haeuber.richard@epa.gov
<b>Proposed Start Date:</b> 8/15/2022	<b>Proposed End Date (for DETO):</b>
<b>Address of Remote Work Location (including city, state and zip code):</b>	
<b>Within same Locality Commuting Area of Regular Office or Worksite:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No (Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)	
<b>Domestic Employee Teleworking Overseas Arrangement (DETO):</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>Request:</b> Select one: <input checked="" type="radio"/> New Request <input type="radio"/> Request for Modification to Existing Agreement	
<b>Employee Certification:</b> I certify by signing below I have read and understand the EPA Remote Work Policy and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. I have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.	
<b>Approval/Disapproval (attach documentation):</b> <input checked="" type="radio"/> Approved <input type="radio"/> Disapproved (cite reason(s) below)	
<b>Employee's Signature:</b>  MELISSA PUCHALSKI	Digitally signed by MELISSA PUCHALSKI Date: 2022.06.13 15:57:03 -04'00'
<b>Supervisor's Signature:</b>  Haeuber, Richard	Digitally signed by Haeuber, Richard Date: 2022.06.21 14:41:07 -04'00'
<b>AA/RA (or designee) Signature:</b>  Elizabeth Shaw	Digitally signed by Elizabeth Shaw Date: 2022.10.13 09:42:18 -04'00'
<b>Distribution:</b> The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

## Appendix D - EPA-AFGE Remote Work Application/Agreement

<b>Employee Name:</b> Rebecca Riggs	<b>Job Title &amp; Grade:</b> EPS GS-13
<b>AAship/Region and Division:</b> OAR/ORIA/IED/CCPO	<b>Address of Official Agency Worksite:</b> Washington, DC
<b>Employee's Work Phone:</b> 202-343-9095	<b>Employee's Work E-mail Address:</b> riggs.rebecca@epa.gov
<b>First-line Supervisor:</b> Nate McMichael	<b>First-line Supervisor's Work Phone:</b> 202-564-0382
<b>Proposed Start Date:</b> April 4, 2022	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b> <div style="background-color: black; height: 20px; width: 100%;"></div>	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b> <div style="border: 1px solid black; padding: 2px; font-size: small;">Ex. 6 Personal Privacy (PP)</div>	<b>Alternate Phone Number (if available):</b> n/a
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement  Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>  <div style="font-family: cursive; font-size: 1.2em;">Rebecca Riggs      24 March 2022</div>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>17 March 2022</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

I am the webmaster for the Indoor Environments Division in ORIA. The majority of my work duties are performed independently with little supervision, completely portable, and completed via the computer. Previous to the pandemic, I

## Ex. 6 Personal Privacy (PP)

the Agency's full-time telework status. Nothing about my teleworking away from the office has or will ever diminish the Agency's ability to accomplish its mission and meet its operational goals.

Approval/Disapproval (attach documentation):

☒

Approved

☐

Disapproved (cite reason(s) below)

Employee's Signature:

*Rebecca Riggs*

Date:

*24 March 2022*

Supervisor's Signature:

**WILLIAM LONG**

Digitally signed by WILLIAM LONG  
Date: 2022.06.08 13:29:43 -04'00'

Date:

AA/RA (or designee) Signature:

**Elizabeth Shaw**

Digitally signed by Elizabeth Shaw  
Date: 2022.09.12 20:45:51 -04'00'

Date:

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

### PRIVACY ACT STATEMENT

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

## Appendix D - EPA-AFGE Remote Work Application/Agreement

<b>Employee Name:</b> Joshua Silverblatt	<b>Job Title &amp; Grade:</b> EPS, GS13
<b>AAship/Region and Division:</b> OAR-OTAQ-TCO	<b>Address of Official Agency Worksite:</b> 2565 Plymouth Road, Ann Arbor, MI, 48105
<b>Employee's Work Phone:</b> 734-214-4314	<b>Employee's Work E-mail Address:</b> silverblatt.joshua@epa.gov
<b>First-line Supervisor:</b> Chien Sze	<b>First-line Supervisor's Work Phone:</b> 734-214-4385
<b>Proposed Start Date:</b> September 2022	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b>  	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b>	<b>Alternate Phone Number (if available):</b>
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement  Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>01/20/2022</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

All of my work is portable and can be accomplished using remote access to EPA systems and networks. I am proficient with using tools such as Microsoft Teams and Zoom to collaborate with my coworkers and external stakeholders, allowing me to maintain open/active channels of communication in order to successfully complete my projects and special assignments. Many of my duties and responsibilities involve collaboration with outside stakeholders who do not work at the Agency worksite and would not be impacted by my working remotely. These aspects will allow me to work as effectively from my RWL as from the Agency worksite and therefore approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals. In addition, my RWL would be approximately 1 hour from the Agency worksite so I will be able to return to the office (using my personal vehicle) with minimal notice if recalled or whenever necessary (e.g., renew PIV card, computer refresh, etc.) as I previously commuted 4 days a week from Lansing, the location of my RWL, to the Agency worksite in Ann Arbor before COVID. Lastly, DTW would still be the closest major airport so I would continue to fly out of DTW when on official travel.

**Approval/Disapproval (attach documentation):**

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

<b>Employee's Signature:</b> JOSHUA SILVERBLATT	Digitally signed by JOSHUA SILVERBLATT Date: 2022.07.29 11:29:05 -04'00'	<b>Date:</b> 07/29/2022
<b>Supervisor's Signature:</b> Sze, Chien	Digitally signed by Sze, Chien Date: 2022.08.01 16:35:17 -04'00'	<b>Date:</b> 08/01/2022
<b>AA/RA (or designee) Signature:</b> Elizabeth Shaw	Digitally signed by Elizabeth Shaw Date: 2022.10.31 07:47:07 -04'00'	<b>Date:</b>

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.



## Appendix D - EPA-AFGE Remote Work Application/Agreement

<b>Employee Name:</b> Joseph Simmons	<b>Job Title &amp; Grade:</b> IT Specialist GS14
<b>AAship/Region and Division:</b> OAR/ORI/PMO	<b>Address of Official Agency Worksite:</b> 1200 Pennsylvania Ave, Washington, DC
<b>Employee's Work Phone:</b> 202-564-1296	<b>Employee's Work E-mail Address:</b> simmons.joseph@epa.gov
<b>First-line Supervisor:</b> Pamela Bullard	<b>First-line Supervisor's Work Phone:</b> 202-343-9011
<b>Proposed Start Date:</b>	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b>  	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b> <div style="border: 1px dashed black; padding: 2px; display: inline-block;">Ex. 6 Personal Privacy (PP)</div>	<b>Alternate Phone Number (if available):</b>
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement  Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>03/04/2022</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

I have successfully completed my duties from home since the start of the pandemic in March of 2020. This includes facilitating several employee trainings for ORIA satellite offices, acting as technical lead for various ORIA all hands events, as well as providing overall technical support as needed. I continue to coordinate ORIA's response to various IT data calls in a timely fashion.

**Approval/Disapproval (attach documentation):**

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

<b>Employee's Signature:</b> JOSEPH SIMMONS	Digitally signed by JOSEPH SIMMONS Date: 2022.02.20 09:04:48 -05'00'	<b>Date:</b>
<b>Supervisor's Signature:</b> Pamela Bullard	Digitally signed by Pamela Bullard Date: 2022.03.10 08:48:16 -05'00'	<b>Date:</b>
<b>AA/RA (or designee) Signature:</b> Elizabeth Shaw	Digitally signed by Elizabeth Shaw Date: 2022.09.15 14:20:33 -04'00'	<b>Date:</b>

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

## Appendix D - EPA-AFGE Remote Work Application/Agreement

<b>Employee Name:</b> Lynn M. Sohacki	<b>Job Title &amp; Grade:</b> Environmental Engineer, GS13
<b>AAship/Region and Division:</b> OAR/OTAQ/CD/LDVC	<b>Address of Official Agency Worksite:</b> 2000 Traverwood, Ann Arbor, MI 48105
<b>Employee's Work Phone:</b> 734-214-4851	<b>Employee's Work E-mail Address:</b> sohacki.lynn@epa.gov
<b>First-line Supervisor:</b> Linc Wehrly	<b>First-line Supervisor's Work Phone:</b> 734-214-4286
<b>Proposed Start Date:</b> April 24, 2022	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b>  	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b> <div style="border: 1px dashed black; padding: 2px;">Ex. 6 Personal Privacy (PP)</div>	<b>Alternate Phone Number (if available):</b>
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement  Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>3/24/22</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

I will be able to perform all of my duties as effectively remotely as from my office worksite because all of my files and the files that I need to do my work for in-use testing, fees coordination, ICRs, etc. are available to me at my remote work location. Also, I will be able to attend vehicle maintenances remotely because the contractor and the lab have systems in place to allow remote viewing of those events.

Over the last two years I have transitioned smoothly to remote working while keeping up my productivity. If this will continue so that I and the agency can accomplish our goals

**Approval/Disapproval (attach documentation):**

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

<b>Employee's Signature:</b> LYNN SOHACKI	Digitally signed by LYNN SOHACKI Date: 2022.03.25 13:22:36 -04'00'	<b>Date:</b>
<b>Supervisor's Signature:</b> Wehrly, Linc	Digitally signed by Wehrly, Linc Date: 2022.03.28 14:09:23 -04'00'	<b>Date:</b>
<b>AA/RA (or designee) Signature:</b> Elizabeth Shaw	Digitally signed by Elizabeth Shaw Date: 2022.12.21 17:41:01 -05'00'	<b>Date:</b>

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.



### Appendix A – EPA Remote Work Agreement

<b>Employee's Name:</b> Shawn Stingel	<b>Job Title, Pay Plan, Series &amp; Grade:</b> IT Specialist GS 2210- 13
<b>Office/Region and Division:</b> OAR/OPMO	<b>Address of Regular Office or Worksite:</b> 1301 Pennsylvania Ave., NW, Washington DC
<b>Employee's Work Phone:</b>	<b>Employee's Work Email Address:</b> stingel.shawn@epa.gov
<b>Supervisor's Name:</b> Eleanor Marusiak	<b>Supervisor's Work Phone &amp; Email Address:</b> marusiak.eleanor@epa.gov
<b>Proposed Start Date:</b> 3/28/2022	<b>Proposed End Date (for DETO):</b>
<b>Address of Remote Work Location (including city, state and zip code):</b> <div style="border: 1px dashed black; padding: 5px; text-align: center;">Ex. 6 Personal Privacy (PP)</div>	
<b>Within same Locality Commuting Area of Regular Office or Worksite:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No (Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)	
<b>Domestic Employee Teleworking Overseas Arrangement (DETO):</b> <input type="radio"/> Yes <input type="radio"/> No	
<b>Request:</b> Select one: <input checked="" type="radio"/> New Request <input type="radio"/> Request for Modification to Existing Agreement	
<b>Employee Certification:</b> I certify by signing below I have read and understand the EPA Remote Work Policy and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. I have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.	
<b>Approval/Disapproval (attach documentation):</b> <input checked="" type="radio"/> Approved <input type="radio"/> Disapproved (cite reason(s) below)	
<b>Employee's Signature:</b>  SHAWN STINGEL	Digitally signed by SHAWN STINGEL Date: 2022.03.03 12:36:39 -05'00'
<b>Supervisor's Signature:</b>  ELEANOR MARUSIAK	Digitally signed by ELEANOR MARUSIAK Date: 2022.03.03 13:36:07 -05'00'
<b>AA/RA (or designee) Signature:</b>  Elizabeth Shaw	Digitally signed by Elizabeth Shaw Date: 2022.04.21 08:50:18 -04'00'
<b>Distribution:</b> The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.	

## Appendix D - EPA-AFGE Remote Work Application/Agreement

<b>Employee Name:</b> Daniel Tanner	<b>Job Title &amp; Grade:</b> Mathematician, GS 13 Step 01
<b>AAship/Region and Division:</b> OAR / OTAQ / Transportation and Climate Division	<b>Address of Official Agency Worksite:</b> 2000 Traverwood Drive Ann Arbor, MI 48105
<b>Employee's Work Phone:</b> 734-214-4151	<b>Employee's Work E-mail Address:</b> tanner.daniel@epa.gov
<b>First-line Supervisor:</b> Sharyn Lie	<b>First-line Supervisor's Work Phone:</b> 202-564-1092
<b>Proposed Start Date:</b> April 25, 2022	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b>  	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b> <div style="border: 1px dashed black; padding: 2px; display: inline-block;">Ex. 6 Personal Privacy (PP)</div>	<b>Alternate Phone Number (if available):</b>
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement  Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>10/1/2019</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

All of my work duties can be performed equally effectively at my home office and at the NVFEL office building. My work involves working with data and reports that do not require in person presence in the NVFEL office building to access. When my work requires meeting with people outside of the agency, videoconferencing is the preferred method of communication by all parties, whether or not I am physically present in the office; the people outside of OTAQ that my job duties require interacting with are geographically dispersed at other federal agencies and labs, biofuel producers at their own offices, or researches at their own offices and institutions. Most of the OTAQ employees I regularly work with, including my direct supervisor, work in the DC office; communications with these team members are necessarily remote, whether or not I am working at the NVFEL office. Videoconferencing calls from my home office are also preferable as they are subjected to fewer distractions than attending conference calls from a cubicle in the NVFEL office building where other neighboring employees are also attending calls.

**Approval/Disapproval (attach documentation):**

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

<b>Employee's Signature:</b> DANIEL TANNER <small>Digitally signed by DANIEL TANNER Date: 2022.03.24 09:11:28 -04'00'</small>	<b>Date:</b> 3/14/2022
<b>Supervisor's Signature:</b> SHARYN LIE <small>Digitally signed by SHARYN LIE Date: 2022.04.19 13:48:15 -04'00'</small>	<b>Date:</b>
<b>AA/RA (or designee) Signature:</b> Elizabeth Shaw <small>Digitally signed by Elizabeth Shaw Date: 2022.09.09 11:33:23 -04'00'</small>	<b>Date:</b>

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

**Appendix D - EPA-AFGE Remote Work Application/Agreement**

<b>Employee Name:</b> Marisa Thornton	<b>Job Title &amp; Grade:</b> Environmental Protection Specialist GS-13
<b>AAship/Region and Division:</b> OAR/ORI/RPD	<b>Address of Official Agency Worksite:</b> 1200 Penn., Ave NW Washington, DC 20004
<b>Employee's Work Phone:</b> 202 343-9237	<b>Employee's Work E-mail Address:</b> thornton.marisa@epa.gov
<b>First-line Supervisor:</b> Jessica Wieder	<b>First-line Supervisor's Work Phone:</b> 202 343-9201
<b>Proposed Start Date:</b> April 4, 2022	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b>	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b> Ex. 6 Personal Privacy (PP)	<b>Alternate Phone Number (if available):</b>
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>July 2019</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	



**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

My primary role in RPD is webmaster and team lead. I am able to efficiently and effectively to complete all task and assignments of my position while teleworking using the following software applications and technologies: Drupal (web content management system), Adobe Acrobat DC, Dreamweaver, Excel, Word, MS Teams and Power point. These tools enables me to create, develop review, edit and update web content; create and edit HTML, Javascript and JQuery code; develop tracking sheets, draft content, create presentations, facilitate team meetings, participate in trainings, office meetings and EPA's web work-group and subcommittees meeting/trainings.

Secondly, I am the Liaison for the Interagency Steering Committee on Radiation Standards (ISCORS). This position requires me to coordinate the Office Director and other government officials calendars for quarterly conferences calls and meetings. The coordination of these call/meetings can only be done on-line. Lastly, serving as the RPD COR I am able to review, complete and sign all documentation using with the listed tools above and attend meetings using MS Teams.

**Approval/Disapproval (attach documentation):**

☐

Approved

☐

Disapproved (cite reason(s) below)

<b>Employee's Signature:</b> MARISA THORNTON <small>Digitally signed by MARISA THORNTON Date: 2022.03.02 13:37:06 -05'00'</small>	<b>Date:</b> March 2, 2022
<b>Supervisor's Signature:</b> JESSICA WIEDER <small>Digitally signed by JESSICA WIEDER Date: 2022.07.05 14:21:31 -04'00'</small>	<b>Date:</b> July 5, 2022
<b>AA/RA (or designee) Signature:</b>	<b>Date:</b>

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

## Appendix D - EPA AFGE Remote Work Application/Agreement

<b>Employee Name:</b> William Von Neida	<b>Job Title &amp; Grade:</b> Environmental Protection Specialist - GS13
<b>AAship/Region and Division:</b> OAR/OAP/Climate Protection Partnerships Division	<b>Address of Official Agency Worksite:</b> 1200 Pennsylvania Avenue, DC, WJC South - 5216B1
<b>Employee's Work Phone:</b> 202-343-9725	<b>Employee's Work E-mail Address:</b> vonneida.bill@epa.gov
<b>First-line Supervisor:</b> Cindy Jacobs, Acting Chief, ENERGY STAR C&I Branch	<b>First-line Supervisor's Work Phone:</b> 202-343-9045
<b>Proposed Start Date:</b> March 28, 2022	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b> <div style="background-color: black; height: 20px; width: 100%;"></div>	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b> <div style="border: 1px solid black; padding: 2px;">Ex. 6 Personal Privacy (PP)</div>	<b>Alternate Phone Number (if available):</b> 202-768-6801
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement  Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>07/25/2019</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	


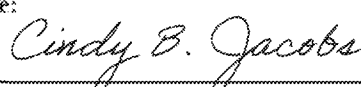
Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

Based on my demonstrated performance record to effectively accomplish assigned portable work without close supervision over the last 10+ years of regular telework from my alternative work location, and equally effective performance of 100% portable work in maximum episodic telework over the last two years, this remote work request will cause no impediments to my continued effectiveness, and will not diminish the Agency's ability to accomplish its mission and meet its operational goals.

My current and continuing job functions do not require physical access to EPA workspace, in-office resources, or in-person interaction to successfully meet the work needs. There is no foreseen disruption to communication with internal staff, external customers, or support contractors. Remote work will not require reassignment of any of my duties to others and will not incur additional costs to the government for relocation, recall, or additional technology or servicing of government furnished equipment.

Approval/Disapproval (attach documentation):

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

Employee's Signature: 	Date: 1/31/2022
Supervisor's Signature: 	Date: 3/11/2022
AA/RA (or designee) Signature: Elizabeth Shaw <small>Digitally signed by Elizabeth Shaw Date: 2022.06.16 12:39:03 -04'00'</small>	Date:

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.



### Appendix A – EPA Remote Work Agreement

<b>Employee's Name:</b> Michael Wolfe	<b>Job Title, Pay Plan, Series &amp; Grade:</b> Lead Program Analyst GS 0343-15
<b>Office/Region and Division:</b> OAR/OPMO	<b>Address of Regular Office or Worksite:</b> 1301 Pennsylvania Ave, NW, Washington, DC
<b>Employee's Work Phone:</b>	<b>Employee's Work Email Address:</b> wolfe.michael@epa.gov
<b>Supervisor's Name:</b> Eleanor R. Marusiak	<b>Supervisor's Work Phone &amp; Email Address:</b> marusiak.eleanor@epa.gov
<b>Proposed Start Date:</b> 3/28/2022	<b>Proposed End Date (for DETO):</b>

~~Address of Remote Work Location (including city, state and zip code):~~

## Ex. 6 Personal Privacy (PP)

**Within same Locality Commuting Area of Regular Office or Worksite:**

☒ Yes ☐ No

Domestic Employee Teleworking Overseas Arrangement (DETO): ☐ Yes ☒ No

(Attach required recommendation, cost analysis and other documentation for remote work or DETO as described in the Remote Work policy)

**Request:**

Select one: ☒ New Request ☐ Request for Modification to Existing Agreement

**Employee Certification:** I certify by signing below I have read and understand the EPA Remote Work Policy and this EPA Remote Work Agreement. I understand this agreement may be used or reviewed by management and the EPA's agency and Program/Regional Office Telework Coordinator for the purpose of implementing agency policy and assessing the EPA's Telework Program (including remote work). I will work according to this EPA Remote Work Agreement in accordance with agency policy. I have the equipment necessary to accomplish my work at my remote work location and I have completed the required EPA remote work training for employees.

**Approval/Disapproval (attach documentation):**

☒ Approved

☐ Disapproved (cite reason(s) below)

**Employee's Signature:** MICHAEL WOLFE  
Digitally signed by MICHAEL WOLFE  
Date: 2022.03.02 17:19:31 -05'00'

**Supervisor's Signature:** ELEANOR MARUSIAK  
Digitally signed by ELEANOR MARUSIAK  
Date: 2022.03.03 10:17:05 -05'00'

**AA/RA (or designee) Signature:** Elizabeth Shaw  
Digitally signed by Elizabeth Shaw  
Date: 2022.05.23 08:29:00 -04'00'

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office telework coordinator.

## Appendix D - EPA-AFGE Remote Work Application/Agreement

<b>Employee Name:</b> Jeff Yane	<b>Job Title &amp; Grade:</b> Contract Liaison Specialist / Series 1101 / GS-13
<b>AAship/Region and Division:</b> OAR / OAQPS / CORE	<b>Address of Official Agency Worksite:</b> 109 TW Alexander Drive, Research Triangle Park, NC, 27711
<b>Employee's Work Phone:</b> 919-541-2962	<b>Employee's Work E-mail Address:</b> Yane.Jeff@epa.gov
<b>First-line Supervisor:</b> Valerie Graves	<b>First-line Supervisor's Work Phone:</b> 919-541-3021
<b>Proposed Start Date:</b> 4/18/2022	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b>  	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b> <div style="border: 1px dashed black; padding: 2px; width: fit-content;">Ex. 6 Personal Privacy (PP)</div>	<b>Alternate Phone Number (if available):</b> N/A
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement  Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>1/30/2022</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

I have been performing my duties from my home location for two years now with nothing impeding my ability to accomplish my daily work tasks and goals from this location. My job is 100 percent administrative and does not require any face-to-face dealings with the public, or the use of lab equipment, or office equipment beyond a laptop, monitor, and internet access. I have a clean, safe, and adequate workspace (including internet & phone) at my home location that adheres to the safety checklist. MS Teams has allowed for meetings with coworkers to take place with ease. Working from home has allowed me to accomplish much more each work day without the daily distractions office environments can sometimes have, nor having to spend the time to commute to and from the office, while simultaneously not contributing to the carbon footprint.

**Approval/Disapproval (attach documentation):**

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

<b>Employee's Signature:</b> JEFFREY YANE <small>Digitally signed by JEFFREY YANE Date: 2022.03.18 15:34:15 -04'00'</small>	<b>Date:</b> 3/18/2022
<b>Supervisor's Signature:</b> VALERIE GRAVES <small>Digitally signed by VALERIE GRAVES Date: 2022.05.11 16:45:21 -04'00'</small>	<b>Date:</b>
<b>AA/RA (or designee) Signature:</b> Elizabeth Shaw <small>Digitally signed by Elizabeth Shaw Date: 2022.08.29 17:40:21 -04'00'</small>	<b>Date:</b>
<b>Distribution:</b> The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.	

## **PRIVACY ACT STATEMENT**

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

**Routine Use:** This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

## Appendix D - EPA-AFGE Remote Work Application/Agreement

<b>Employee Name:</b> Houshun Zhang	<b>Job Title &amp; Grade:</b> Mechanical Engineer, GS13
<b>AAship/Region and Division:</b> OTAQ/CD	<b>Address of Official Agency Worksite:</b> 2000 Traverwood Dr., Ann Arbor, MI 48105
<b>Employee's Work Phone:</b> 734 730 4545	<b>Employee's Work E-mail Address:</b> zhang.houshun@epa.gov
<b>First-line Supervisor:</b> Allen Duncan	<b>First-line Supervisor's Work Phone:</b> 734 214 4740
<b>Proposed Start Date:</b> 5/2/2022	<b>If Temporary, Proposed End Date:</b>
<b>Address of Remote Work Location (Including city, state and zip code):</b>  	
<b>Within same Locality Pay Area of Official Agency Worksite:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
<b>Phone Number:</b>	<b>Alternate Phone Number (if available):</b>
<b>Request:</b> Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement  Check if for temporary period: <input type="checkbox"/> Temporary	
<b>Section 2. Employee's Approved Schedule:</b> Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
<b>Section 3. Safety Certification</b>  <b>Safety Certification:</b> The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
<b>Section 4. Employee Certification and Signature</b>	
<b>Employee Certification:</b> I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>3/9/2022</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

**Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:**

My primary job duties are (1) to review and approve various certification and compliant related documents and then issue certificates, and (2) to interact with manufacturers to help them to interpret the regulations, to answer their questions, and to address their concerns. The first one can be effectively done anywhere regardless of location, while the second one can be effectively done with MS Teams Meeting and email communications. There is no need to have a face-to-face interaction with the manufactures, thanks to advanced video conference facility. All I need are a computer and VPN connection to do my job without any impact.

## Ex. 6 Personal Privacy (PP)

**Approval/Disapproval (attach documentation):**

- ☒ Approved  
☐ Disapproved (cite reason(s) below)

**Employee's Signature:**

HOUSHUN ZHANG

Digitally signed by HOUSHUN  
ZHANG  
Date: 2022.03.09 14:27:09 -05'00'

**Date:**

3/9/2022

**Supervisor's Signature:**

ALLEN DUNCAN

Digitally signed by ALLEN  
DUNCAN  
Date: 2022.03.11 13:27:23 -05'00'

**Date:**

**AA/RA (or designee) Signature:**

Elizabeth Shaw

Digitally signed by Elizabeth Shaw  
Date: 2022.10.05 13:34:07 -04'00'

**Date:**

**Distribution:** The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

### PRIVACY ACT STATEMENT

**Authority:** The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

**Purpose:** The information collected may be used to contact EPA personnel for the purposes of conducting business.

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**Disclosure:** The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.



My primary job duties are (1) to review and approve various certification and compliant related documents and then issue certificates, and (2) to interact with manufacturers to help them to interpret the regulations, to answer their questions, and to address their concerns. The first one can be effectively done anywhere regardless of location, while the second one can be effectively done with MS Teams Meeting and email communications. There is no need to have a face-to-face interaction with the manufactures, thanks to advanced video conference facility. All I need are a computer and VPN connection to do my job without any impact.

## Ex. 6 Personal Privacy (PP)

Finally, remote work can make me more productive because it can save me more than one hour driving in traffic on top of environmental benefits, thus allowing me to use the saved driving time to work as needed, **Ex. 6 Personal Privacy (PP)**, which is particularly helpful during the peak period when all manufacturers request for certificate at the same time. **Ex. 6 Personal Privacy (PP)** than working in the office.